

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90005 042 \*\*\*150.00

**DOCUMENT # P03000083519**



1. Entity Name  
**CSI RIEDEL INC.**

Principal Place of Business  
**11321 NW 15 STREET  
PEMBROKE PINES, FL 33026**

Mailing Address  
**11321 NW 15 STREET  
PEMBROKE PINES, FL 33026**

**54070759**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08192004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIEDEL, CHERYL L  
11321 NW 15 STREET  
PEMBROKE PINES, FL 33026**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P  
RIEDEL, CHERYL L  
11321 NW 15 STREET  
PEMBROKE PINES, FL 33026**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

54070759  
#P03000083519 8/27/04

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL. 32302-1500

Dear Sirs:

Re: 20-0118514

Enclosed pls. find \$150<sup>00</sup> for the  
2004 Annual Report for CSI Real, Inc

I did not receive the post card  
for payment prior to July 04.  
Therefore, pls find a check  
in the amount of \$150<sup>00</sup>

Also, this maybe a Duplicate  
check & Outlets. If so, please  
return one check.

Pls. Advise if you require additional  
information. Thank you

Cheryl L. Risher

11321 NW 15 St.

Deerfield, FL 32021