

2006 FOR PROFIT CORPORATION ANNUAL REPORT


4/1

FILED
May 15, 2006 8:00 am
Secretary of State

04-24-2006 90391 031 ***150.00

DOCUMENT # P05000102144

1. Entity Name
 LILIAN PFEIFFER LCSW, PA



Principal Place of Business
 1950 NW 107 AVENUE
 PEMBROKE PINES, FL 33026

Mailing Address
 1950 NW 107 AVENUE
 PEMBROKE PINES, FL 33026

00010340



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04132006 Chg-P CR2E034 (11/05)

City & State

4. FEI Number
 20-3201474

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

PFEIFFER, LILIAN
 1950 NW 107 AVENUE
 PEMBROKE PINES, FL 33026

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D PFEIFFER, LILIAN 1950 NW 107 AVENUE PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Lilian Pfeiffer 4/19/06 951-701-5312
Signature and typed or printed name of signing officer or director Date Daytime Phone #