

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 09, 2004 8:00 am**  
**Secretary of State**

08-09-2004 90001 017 \*\*\*550.00

**DOCUMENT # P38518**

1. Entity Name  
**ROHDE & LIESENFELD, INC.**



Principal Place of Business

2200 NW 110TH AVE.  
SUITE 301  
MIAMI, FL 33172

Mailing Address

535 8TH AVENUE  
17 FLOOR  
NEW YORK, NY 10018

**54067334**



07082004

No Chg-P.

CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-2859141**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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  
C  
LIESENFELD, DIETER  
ALSTERTOR 21  
HAMBURG GERMANY,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LIESENFELD, BODO  
ALSTERTOR 21  
HAMBURG GERMANY,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
JACOB, PATRICK  
535 8TH AVENUE 17 FL  
NEW YORK, NY 10018

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
WALTER, ROLAND  
ALSTERTOR 21  
HAMBURG GERMANY,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
SCHARREL, PETER  
ALSTERTOR 21  
HAMBURG GERMANY,

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
LUMPERT, DANIEL  
535 8TH AVENUE 17 FL  
NEW YORK, NY 10018

**DO NOT WRITE  
IN THIS SPACE**

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: AILEEN ANILMIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-04 212 432-1200  
Date Daytime Phone #