


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90081 001 ***150.00

DOCUMENT # P93000015710					
1. Entity Name RICE, ROBINSON & SCHILLER, P.A.					
Principal Place of Business 848 BRIKELL AVE STE 1100 MIAMI, FL 33131 US			Mailing Address 848 BRIKELL AVE STE 1100 MIAMI, FL 33131 US		
2. Principal Place of Business <i>848 Brickell Ave.</i> Suite, Apt. #, etc. <i>Suite 1100</i>			3. Mailing Address <i>848 Brickell Ave.</i> Suite, Apt. #, etc. <i>Suite 1100</i>		
City & State <i>Miami, FL</i>			City & State <i>Miami, FL</i>		
Zip <i>33131</i>		Country		01062004 Chg-P CR2E034 (10/03)	
4. FEI Number 65-0388633				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent RICE, ARTHUR H 848 BRICKELL AVE STE 1100 MIAMI, FL 33131	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D RICE, ARTHUR H 848 BRICKELL AVE. STE. 1100 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, KENNETH B 848 BRICKELL AVE. STE. 1100 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Arthur H. Rice</i> <i>1/24/04</i> <i>39-2121</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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