2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P95000012910 1. Entity Name SCHIFF CONSULTING & ENTERPRISES, INC. Principal Place of Business Mailing Address 2701 NORTH OCEAN BLVD. 2701 NORTH OCEAN BLVD. #E610 #E610 BOCA RATON, FL 33431 BOCA RATON, FL 33431 07012004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0558027

FILED Jul 07, 2004 08:00 AM Secretary of State

Certificate of Status Desired	\$8.75 Ad	

Applied For

S. Certificate of Status Desired S. S. Certificate of Status Desired S. S. S. Additional Fee Required S. CHIFF, HOWARD LEE 2701 N. O.CEAN BLVD. #E-610 BOCA RATON, FL 33431 SIGNATURE Significan, head or profite familiar with, and accept the obligations of registered agent. SIGNATURE Significan, head or profite familiar with, and accept the obligations of registered agent. FILE NOWILL FEE IS \$15.00 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution. TITE NAME STREET ADDRESS CHIFF, HOWARD L STREET ADDRESS S					65-055	8027	Not Ap	plicable	
SCHIFF, HOWARD LEE 2701 N. OCEAN BLVD. #E-610 BOCA RATON, FL 33431 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					5. Certificate	of Status Desired		al	
### DO NOT WRITE IN THIS SPACE 6. 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. #### Signature. #### Signature. #### Signature. #### Signature. #### Distance of registered agent. ##### Pille Nowfill FeE is \$150.00 ### Distance of registered agent and file if applicable. #### Pille Nowfill FeE is \$150.00 ### Distance of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept agent agent agent agent, or registered agent, or both, in the State of Florida. I am familiar with, and accept agent		6. Name and Address of Current Regi	stered Agent						
SIGNATURE Signature, speed or printed name of registered agent and the if applicable. FILE NOWILL FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TRUE NAME SIRET ADDRESS 2701 N. OCEAN BLVD., #E610 CITY-ST-ZP BOCA RATON, FL 33431 TITLE NAME SIRET ADDRESS 2701 N. OCEAN BLVD., #E610 BOCA RATON, FL 33431 TITLE NAME SIRET ADDRESS CITY-ST-ZP TITLE	SCHIFF, HOWARD LEE 2701 N. OCEAN BLVD. #E-610								
FILE NOWILI FEE IS \$150.00 Due by September 8, 2004 10. OFFICERS AND DIRECTORS TITLE NAME SCHIFF, HOWARD L STRETT ADDRESS CITY-ST-ZP STRETT ADDRES	the obligations of registered agent.								
Due by September 3, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP SCHIFF, CAROL B STORET ADDRESS CITY-ST-ZIP SCHIFF, CAROL B STREET ADDRESS CITY-ST-ZIP SCHIFF, CAROL B STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP SCHIFF, HOWARD L Added to Fees CORPORATION CITY ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP SCHIFF, HOWARD L Added to Fees CORPORATION CITY ADDRESS CITY-ST-ZIP SCHIFF, HOWARD L Added to Fees CORPORATION CITY ADDRESS CITY-ST-ZIP SCHIFF, HOWARD L Added to Fees CORPORATION CITY ADDRESS CITY-ST-ZIP SCHIFF, HOWARD L Added to Fees CORPORATION CITY ADDRESS CITY-ST-ZIP SCHIFF, HOWARD L Added to Fees CORPORATION CITY ADDRESS CITY-ST-ZIP SCHIFF, HOWARD L Added to Fees CORPORATION CITY ADDRESS CITY-ST-ZIP SCHIFF, HOWARD L Added to Fees CITY-ST-ZIP SCHIFF, HOWARD L Added to Fees CITY-ST-ZIP SCHIFF, HOWARD L Added to Fees CITY-ST-ZIP SCHIFF, HOWARD L ADDRESS CITY-ST-ZIP SCHIFF, HOWARD	SIGNATURE.	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE, Registero	i Agent signature re	quired when reinstating)		DATE		
TITLE		·			\$5.00 May Be Added to Fees	In accordance w corporation did r	rith s. 607.193(2)(b), F.S not receive the prior notice	., the	
TITLE	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP SCHIFF, HOWARD L 2701 N. OCEAN BLVD., #E610 BOCA RATON, FL 33431 DST SCHIFF, CAROL B 2701 N. OCEAN BLVD., #E610	CTORS			NOT W	RITE)	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this	filing does not qualify for the exe	nption stated	in Section 119.07(3)	(i), Florida Statutes. I	further certify that the information	nation	

changed, or on an attachment

SIGNATURE: