

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 19, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000012910

1. Entity Name
SCHIFF CONSULTING & ENTERPRISES, INC.



Principal Place of Business
**2701 NORTH OCEAN BLVD.
#E610
BOCA RATON, FL 33431**

Mailing Address
**2701 NORTH OCEAN BLVD.
#E610
BOCA RATON, FL 33431**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0558027

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHIFF, HOWARD LEE
2701 N. OCEAN BLVD. #E-610
BOCA RATON, FL 33431**

**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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCHIFF, HOWARD L
STREET ADDRESS	2701 N. OCEAN BLVD., #E610
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	DST
NAME	SCHIFF, CAROL B
STREET ADDRESS	2701 N. OCEAN BLVD., #E610
CITY-ST-ZIP	BOCA RATON, FL 33431

TITLE	
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01/20/05-80043-012 150.00

**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)(f), 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

Howard L. Schiff D.P.

1/12/2005 561-338-3747

Date

Daytime Phone #