


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000002339 1. Entity Name LENORE SCHILLER, P.A.		
Principal Place of Business 1570 MADRUGA AVE #311 CORAL GABLES, FL 33146		Mailing Address PO BOX 144340 CORAL GABLES, FL 33114
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCHILLER, LENORE 3406 PONCE DE LEON BLVD DOWNSTAIRS CORAL GABLES, FL 33134		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHILLER, LENORE 1570 MADRUGA AVE #311 CORAL GABLES, FL 33146	
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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: <u>Lenore Schiller</u> LENORE SCHILLER		Date <u>5 JAN 04</u> Daytime Phone # <u>305 441 1930</u>



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0637897** Applied For
Not Applicable

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

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01/14/01-80018-022 150.00