

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000002339

Entity Name: LENORE SCHILLER, P.A.

FILED  
Mar 09, 2009  
Secretary of State

## Current Principal Place of Business:

1541 SUNSET DR, STE 201  
CORAL GABLES, FL 33143

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 144340  
CORAL GABLES, FL 33114

## New Mailing Address:

FEI Number: 65-0637897

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHILLER, LENORE  
3406 PONCE DE LEON BLVD  
DOWNSTAIRS  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SCHILLER, LENORE  
Address: 1570 MADRUGA AVE #311  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SCHILLER, LENORE  
Address: 1541 SUNSET DR SUITE #311  
City-St-Zip: CORAL GABLES, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENORE SCHILLER

PRES

03/09/2009

Electronic Signature of Signing Officer or Director

Date