

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90031 031 ***150.00

DOCUMENT # P98000029989

1. Entity Name
KAREN K. SCHROLL, P.A.



Principal Place of Business

BISCAYNE BUILDING SUITE 507
19 WEST FLAGLER STREET
MIAMI, FL 33130 US

Mailing Address

BISCAYNE BUILDING SUITE 507
19 WEST FLAGLER STREET
MIAMI, FL 33130 US

2. Principal Place of Business

BISCAYNE BUILDING
Suite, Apt. #, etc. 19 W. FLAGLER ST.
SUITE 416

City & State
MIAMI, FL

Zip
33130

Country
US

3. Mailing Address

BISCAYNE BUILDING
Suite, Apt. #, etc. 19 W. FLAGLER STREET
SUITE 416

City & State
MIAMI, FL

Zip
33130

Country
US

02112004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-082262

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHROLL, KAREN K
BISCAYNE BUILDING SUITE 416
19 WEST FLAGLER STREET
MIAMI, FL 33130

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-13-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SCHROLL, KAREN K
STREET ADDRESS 19 WEST FLAGLER STREET, SUITE 507
CITY - ST - ZIP MIAMI, FL 33130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
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CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME SCHROLL, KAREN K
STREET ADDRESS 19 WEST FLAGLER STREET, SUITE 416
CITY - ST - ZIP MIAMI, FL 33130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Karen K. Schroll

4-13-04