2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S45650 1. Entity Name

LEE C. SCHMACHTENBERG, P.A.



. FILED Feb 04, 2004 08:00 AM Secretary of State

Principal Place of Business

1533 SUNSET DR.

STE, #201 SUNSET BUILDING MIAMI, FL 33143

Mailing Address

1533 SUNSET DR. STE. #201 SUNSET BUILDING MIAMI, FL 33143



DO NOT WRITE IN THIS SPACE

01292004	No Chg-P	CR2E034 (10/03
01292004	No Crig-F	CH2E034 (10/0

4. FEI Number 65-0254176

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMACHTENBERG, LEE C 1533 SUNSET DRIVE SUNSET BUILDING, SUITE 201 MIAMI, FL 33143

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 A			d Agent signatur	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150,00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000033306 _ 02/05/04-80039-001 150.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHMACHTENBERG, LEE C 1533 SUNSET DR #201 MIAMI, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby of	certify that the information supplied with this fi	iling does not qualify for the exe	mption state	d 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.

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