



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2004 08:00 AM  
Secretary of State

|   |   |                                |  |   |  |
|---|---|--------------------------------|--|---|--|
| <b>DOCUMENT # S69420</b><br>1. Entity Name<br>A ABILITY ADVOCATE - PAUL K. SCHRIER, P.A.  |   |                                |  |  |  |
| Principal Place of Business<br>11098 BISCAYNE BLVD.<br>STE 208<br>MIAMI FL 33161  |   |                                | Mailing Address<br>11098 BISCAYNE BLVD.<br>STE 208<br>MIAMI FL 33161   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |   |                                | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |  |
| City & State  |   |                                | City & State   |   |  |
| Zip   |   | Country                        |  | 4. FEI Number<br>65-0285619   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | \$8.75 Additional Fee Required |  |   |  |
| 6. Name and Address of Current Registered Agent<br>SCHRIER, PAUL K.<br>11098 BISCAYNE BLVD.<br>STE 208<br>MIAMI FL 33161  |   |                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City  |   |  |
| 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 _____ DATE _____<br><small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PST<br>SCHRIER, PAUL K.<br>11098 BISCAYNE BLVD.<br>MIAMI FL |                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SCHRIER, PAUL K.<br>11098 BISCAYNE BLVD.<br>MIAMI FL   |                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | U000000043629<br>02/10/04-80071-023 150.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                             |                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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. |   |                                |  |   |  |
| <b>SIGNATURE:</b>  Paul Schrier President 2/6/04 (305) 893-5500  |   |                                |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |                                |  |   |  |