

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

03-18-2005 90065 010 ***150.00

DOCUMENT # F39419 1. Entity Name LAW OFFICE OF WILLIAM HUGGETT, P.A.			
Principal Place of Business 66 W FLAGLER STREET 400 MIAMI, FL 33130		Mailing Address 66 W FLAGLER STREET 400 MIAMI, FL 33130	
2. Principal Place of Business 308 ALHAMBRA CIRCLE Suite, Apt. #, etc.		3. Mailing Address 308 ALHAMBRA CIRCLE Suite, Apt. #, etc.	
City & State CORAL GABLES FL Zip 33134-5004		City & State CORAL GABLES FL Zip 33134-5004	
Country USA		Country USA	
4. FEI Number 59-2094595		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUGGETT, WILLIAM 66 W. FLAGLER STREET 400 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name SCORNAVACCA, ANNA Street Address (P.O. Box Number is Not Acceptable) 308 ALHAMBRA CIRCLE City CORAL GABLES FL Zip Code 33134-5004	
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: <u><i>Anna Scornavacca</i></u> DATE: <u>4/15/05</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUGGETT, WILLIAM 66 W. FLAGLER ST., 400 MIAMI, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUGGETT, WILLIAM 66 W. FLAGLER ST., 400 MIAMI, FL	☒ Delete	P/S/T HUGGETT, JACQUELINE 308 ALHAMBRA CIRCLE CORAL GABLES, FL 33134-5004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUGGETT, WILLIAM 66 W. FLAGLER ST., 400 MIAMI, FL	☒ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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><i>Jacqueline Huggett</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		JACQUELINE HUGGETT <u>3/16/05</u> (305) 446-1120 Date Daytime Phone #	

66012429



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