


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # H32480
 1. Entity Name
MILITARY ASSOCIATES, INCORPORATED



Principal Place of Business
19820 KINGSTON DRIVE
MIAMI, FL 33157

Mailing Address
19820 KINGSTON DRIVE
MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE



05202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2543773

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CLAY, JOSE E.
19820 KINGSTON DRIVE
MIAMI, FL 33157

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD CLAY, JOSE E. 19820 KINGSTON DRIVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CLAY, VIRGINIA R. 19820 KINGSTON DRIVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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100000367993
 05/23/05-80009-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jose E. Clay, President 5/20/05 305 233 4642

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #