2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: X

1. Entity Nam	ne	# <b>J52721</b> ADVISORS INC.	30 4				005 08:00 Ary of State	
Principal Plac	e of Business	<u>.                                    </u>	Mailing Address			-		
100 ALMERIA AVENUE			100 ALMERIA AVEI	NUE				
STE # 206 CORAL GABLES FL 33134			STE # 206 CORAL GABLES FL	* 1	_			
COMAL GAR		J4	OONAL GABELS I L	. 55154			(\$\$\$) 1181 B1811 B1811 B1811 B1811 B1811	
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt #, etc.		1st MOORE	CR2E034 (10/04)	, .	
City & State			City & State		4. FEI Number 65-00336	16	Applied For	
7,			72	I. o				Not Applicable
Zip		Country	Zip	Coun	itry	5. Certificate of Status Desired	58./5 ☐ \$8./5 Fee Requ	Additional uired
	6. Name	and Address of Current	Registered Agent			7. Name and Address of Nev	Registered Agent	
A 70 F		AMAD DEDDO			Name			
100	ELLANO-L ) ALMERIA	AMAR, PEDRO AVE	Street Address		(P.O. Box Number is Not Accepta	ble)		
l sui	TE 206						·	
CO	RAL GABI	ES FL 33134			City	<del>-</del>	<b>□</b> Zip C	ode:
			<del></del>					
	e named entity itions of regist		r the purpose of changing	its register	ed office or registe	red agent, or both, in the State of	Florida. I am familiar w	ith, and accept
	-	-						
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable (I	NOTE Registers	rd Agent signature require	d when reinstating)	DATE	
F	ILE NOW!	! FEE IS \$150.00	TO STATE OF THE ST			0. Floation Con	mpaign Financing	<b>55.00</b> May Be
		5 Fee Will Be \$550.00 Florida Department o				Trust Fund (		Ndded to Fees
10.	K rayable w	OFFICERS AND		11.		   ADDITIONS/CHÂNGES TO C	FEICERS AND DIRECT	ORS IN 11
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G OFFICER OR DIRECTOR

**FILED** 

365-476-9933 Daytme Phone #