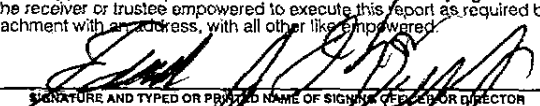


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2004 08:00 AM
Secretary of State

DOCUMENT # K39025 1. Entity Name EDWARD J. O'DONNELL, P.A.		
Principal Place of Business 3050 BISCAYNE BLVD. SUITE 1000 MIAMI, FL 33137	Mailing Address 3050 BISCAYNE BLVD. SUITE 1000 MIAMI, FL 33137	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent O'DONNELL, EDWARD J. 3050 BISCAYNE BLVD. SUITE 1000 MIAMI, FL 33137		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 Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000163596 07/07/04-800009-007 550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'DONNELL, EDWARD J. 3050 BISCAYNE BLVD., SUITE 1000 MIAMI, FL 33137	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____



07022004 No Chg-P CR2E034 (10/03)

4. FEE Number
65-0080545

Applied For
Not Applicable

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