

FILED
Mar 23, 2005 8:00 am
Secretary of State


03-23-2005 90056 005 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

50030296



01172005 Chg-NP CR2E037 (10/03)

DOCUMENT # N00000002965			
1. Entity Name THE FINANCIAL PLANNING ASSOCIATION OF MIAMI-DADE, INC.			
Principal Place of Business 8245 S.W. 149 DRIVE MIAMI, FL 33158 US		Mailing Address P. O. BOX 560971 MIAMI, FL 33256-0971 US	
2. Principal Place of Business 2829 BIRD AVE Suite, Apt. #, etc. PMB 301		3. Mailing Address 2829 BIRD AVE Suite, Apt. #, etc. PMB 301	
City & State COCONUT GROVE FL		City & State COCONUT GROVE FL 33133	
Zip 33133		Country	
4. FEI Number 65-0991548		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MILLER, AMY W 8245 S.W. 149 DRIVE MIAMI, FL 33158		7. Name and Address of New Registered Agent Name CLAIRE ANDERSON Street Address (P.O. Box Number is Not Acceptable) 3063 CENTER ST. City COCONUT GROVE FL Zip Code 33133	
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>Claire Anderson</u> DATE <u>2/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DIR WELLS, F. SCOTT 241 SEVILLA AVE., STE. 902 CORAL GABLES, FL 331346622		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DIR MCGRATH, MATTHEW 2333 PONCE DE LEON BLVD., PH SUITE 1100 CORAL GABLES, FL 33134		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PRES MARLIN, PENNY 9130 SOUTH DADELAND BLVD., SUITE 1625 MIAMI, FL 33156		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DIR SALAZAR, HELEN 5900 SW 73 ST., SUITE 300 SOUTH MIAMI, FL 33143		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TREA LEE, RANDOLPH JR 7355 SW 87 AVENUE, SUITE 300 MIAMI, FL 33173		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DIR RUBIN, MITCHELL 201 ALHAMBRA CIRCLE, SUITE 510 CORAL GABLES, FL 33134		<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 617, 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>RANDOLPH E. LEE</u> TREAS. 3/7/05 305 274 1 600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			