

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020230

FILED
Jun 30, 2005
Secretary of State

Entity Name: DAWN GRACE-JONES, P.A.

Current Principal Place of Business:

1001 N FEDERAL HWY
STE 202
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

1001 N FEDERAL HWY
STE 202
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 65-0986835 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRACE-JONES, DAWN E ESQ
3943 W. LAKE ESTATES
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRACE-JONES, DAWN
Address: 3943 W. ESTATES DRIVE
City-St-Zip: DAVIE, FL 33328

Title: ST () Delete
Name: JONES, THEOPHILUS
Address: 5500 PEMBROKE ROAD
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GRACE-JONES, DAWN
Address: 3943 W. LAKE ESTATES DRIVE
City-St-Zip: DAVIE, FL 33328

Title: ST (X) Change () Addition
Name: JONES, THEOPHILUS
Address: 3943 W. LAKE ESTATES DR.
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAWN E. GRACE-JONES

PD

06/30/2005

Electronic Signature of Signing Officer or Director

_____ Date