

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P94000074078		
1. Entity Name LEGON, PONCE & FODIMAN, P.A.		

FILED
04 NOV -1 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1111 BRICKELL AVE 2150 MIAMI, FL 33131 US	Mailing Address 1111 BRICKELL AVE 2150 MIAMI, FL 33131 US
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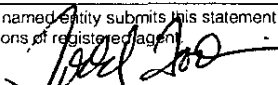
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10272004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0520887	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

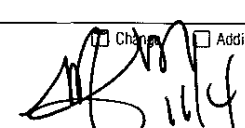
6. Name and Address of Current Registered Agent BAUMAN, BRYAN W 1111 BRICKELL AVE SUITE 2150 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name FODIMAN, TODD A. Street Address (P.O. Box Number is Not Acceptable) 1111 Brickell Ave., Ste. 2150 City Miami FL Zip Code 33131
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8. 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.

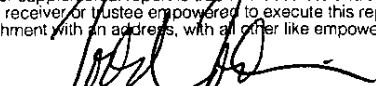
SIGNATURE  DATE 10/27/2004

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WALLACE, MILTON J 1111 BRICKELL AVE STE 2150 MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200042364182 11/01/04--01071--021 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS BAUMAN, BRYAN W 1111 BRICKELL AVE STE 2150 MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FODIMAN, TODD A 1111 BRICKELL AVE STE 2150 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D/VF/8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHANNON, MICHAEL G 1111 BRICKELL AVE STE 2150 MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LEGON, TODD R 1111 BRICKELL AVE STE 2150 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D/P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP PONCE, S. DANIEL 1111 BRICKELL AVE STE 2150 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ 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 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:  DATE 10/27/2004 (305) 444-9991

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