2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State
02-28-2005 90195 016 ***150.00

DOCUMENT # P98000041700

1. Entity Name
DANIEL BLAKEMAN, P.A.

Principal Place of Business	Mailing Address
330 W 47 ST MIAMI BEACH, FL 33140	330 W 47 ST MIAMI BEACH, FL 33140

02252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
650 NE 61st St.	650 NE 61st St.
Suite, Apt. #, etc. #10	Suite, Apt. #, etc. #10
City & State Miami, FL	City & State Miami, FL
Zip 33137 Country	Zip 33137 Country

4. FEI Number 65-0842469 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLAKEMAN, DANIEL 330 W 47 ST MIAMI BEACH, FL 33140	Name Street Address (P.O. Box Number is Not Acceptable) 650 NE 61st St. #10 City Miami FL Zip Code 33137

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 Daniel Blakeman DATE 2/28/05

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD BLAKEMAN, DANIEL 330 W 47 ST MIAMI BEACH, FL 33140 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 650 NE 61 St., #10 Miami, FL 33137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BLAKEMAN, KATHRYN 330 W 47ST MIAMI BEACH, FL 33140 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 650 NE 61 St., #10 Miami, FL 33137
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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: Daniel Blakeman 2/28/05 305-965-1482

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