



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90024 008 ***150.00

DOCUMENT # G32451 1. Entity Name LAW OFFICES OF RICHARD E. DOHERTY, P.A.					
Principal Place of Business 66 WEST FLAGLER ST. 700 MIAMI, FL 33130 US			Mailing Address 66 WEST FLAGLER ST. 700 MIAMI, FL 33130 US		
2. Principal Place of Business <i>28 West Flagler Street</i> Suite, Apt. #, etc. <i>1100</i>		3. Mailing Address <i>28 West Flagler Street</i> Suite, Apt. #, etc. <i>1100</i>			
City & State _____		City & State _____		4. FEI Number 59-2274440	
Zip _____		Country _____		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOHERTY, RICHARD E 66 WEST FLAGLER STRETT SUITE 700 MIAMI, FL 33130			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <i>28 West Flagler Street</i> <i>Suite 1100</i> City FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOHERTY, RICHARD E 66 W FLAGLER ST # 700 MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>28 West Flagler Street # 1100</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete	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)(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: <i>Richard E Doherty</i> RICHARD E DOHERTY 1/10/05 (305) 371-4402 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					