2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State
01-18-2005 90040 023 ***150.00

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1. Entity Name
SULLIVAN, ADMIRE & SULLIVAN, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
2511 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	2511 PONCE DE LEON BLVD. CORAL GABLES, FL 33134

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01122005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2555 Ponce de Leon Blvd	2555 Ponce de Leon Blvd
Suite, Apt. #, etc.: 320	Suite, Apt. #, etc.: 320
City & State: Coral Gables FL	City & State: Coral Gables FL
Zip: 33134 Country:	Zip: 33134 Country:

4. FEI Number: 59-1408234 ☐ 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
ADMIRE, JACK G. 2505 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	Name: Admire Jack G Street Address (P.O. Box Number is Not Acceptable): 2555 Ponce de Leon Blvd Suite 320 City: Coral Gables FL Zip Code: 33134

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: _____ 1/12/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PD ADMIRE, JACK G. 2511 PONCE DE LEON BLVD. CORAL GABLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Admire, Jack G 2555 Ponce de Leon Blvd Suite 320 Coral Gables FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SULLIVAN, JOHN C. JR. 2511 PONCE DE LEON BLVD. CORAL GABLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Sullivan, John C Jr 2555 Ponce de Leon Blvd Suite 320 Coral Gables FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADMIRE, JOHN G. 2511 PONCE DE LEON BLVD. CORAL GABLES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Admire, John G 2555 Ponce de Leon Blvd Suite 320 Coral Gables FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Admire, Robert D. 2555 Ponce de Leon Blvd Suite 320 Coral Gables FL 33134	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 1/12/05 305-444-6121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #