2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000116894 1. Entity Name **WASSON & ASSOCIATES, CHARTERED**



FILED Feb 21, 2005 08:00 AM Secretary of State

Principal Place of Business 1320 S. DIXIE HWY., SUITE 450 MIAMI, FL 33146

SIGNATURE:

_Mailing Address

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1320 S. DIXIE HWY., SUITE 450 MIAMI, FL 33146



| | | | | 01042005 No Chg-P CR2E034 (10/03) | | | | |
|---|--|---|--|--|--|---|--|--|
| DO NOT WRITE IN THIS SPACE | | | E | 4. FEI Number 65-1064 | | | Applied For Not Applicable | |
| | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | | |
| | 6. Name and Address of Current Regis | tered Agent | ····· | | The same of the sa | , ART 1 10 P | | |
| WASSON, ROY D 1320 S. DIXIE HWY., SUITE 450 MIAMI, FL 33146 | | | DO NOT WRITE IN THIS SPACE | | | | | |
| the obligat | named entity submits this statement for the plans of registered agent. | purpose of changing its registered | d office or reg | distered agent, or both | , in the State of Flor | rida. I am fan | iliar with, and accept | |
| SIGNATURE. | X Signature, typed or printed name of registered agent and title | if applicable /NOTE Businesses | Acant cicant as so | quired when reinstating) | | DATE | | |
| | E NOW!!! FEE IS \$150,00 ay 1, 2005 Fee will be \$550.00 | Election Campaign Financ Trust Fund Contribution. | | \$5.00 May Be Added to Fees | | VAIL . | | |
| 10. | OFFICERS AND DIREC | OTORS | | | en diserba | Marking in | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | PD WASSON, ROY D 1320 SO DIXIE HWY #450 CORAL GABLES, FL 33146 | | ···· | | 02/22/05-6 | 38502 20001-02 | 5 150.00 | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | lef et selluf Beteller | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT W | RITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN T | HIS SP | ACE | i | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | <u></u> | · • | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | | |
| 12. I hereby of indicated of the corp changed, | erify that the information supplied with this fil on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all | ing does not qualify for the exemind accurate and that my signatur to execute this report as required other like empowered. | oflion stated in e shall have d by Chapter | n Šection 119.07(3)(i), the same legal effect 607, Florida Statutes, | Florida Statutes. It as if made under oa and that my name | further certify that I am a appears in Bi | hat the information in officer or director ock 10 or Block 11 if | |