
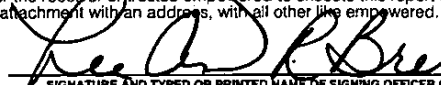


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

V. Roberts MAY 02 2005

FILED  
05 APR 29 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M61644</b> 1. Entity Name LAW FIRM II, INC.					
Principal Place of Business % LEEANN BREHM 200 S BISCAYNE BLVD, STE 4000 MIAMI, FL 33131-2398			Mailing Address % LEEANN BREHM 200 S BISCAYNE BLVD, STE 4000 MIAMI, FL 33131-2398		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/>			4. FEI Number 65-0029617		
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent  FEENANE, EDDIE C/O STEEL HECTOR & DAVIS LLP 200 S BISCAYNE BLVD, STE 4000 MIAMI, FL 33131-2398			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EAGAN, THOMAS V		NAME	100054206081	
STREET ADDRESS	200 S. BISCAYNE BLVD. STE. 4000		STREET ADDRESS	05/10/05--01040--024 **150.00	
CITY-ST-ZIP	MIAMI, FL 331312398		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MULLENS, JEFFREY I		NAME		
STREET ADDRESS	200 S. BISCAYNE BLVD. STE. 4000		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331312398		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BREHM, LEEANN		NAME		
STREET ADDRESS	200 S. BISCAYNE BLVD. STE. 4000		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331312398		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			4/26/05 305.577.2803		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		