


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 345183 1. Entity Name ROBERT J. FEWELL COMPANY	
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Principal Place of Business 288 ARAGON AVENUE, STE. C. CORAL GABLES, FL 33134	Mailing Address 288 ARAGON AVENUE, STE. C. CORAL GABLES, FL 33134
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01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FCI Number 59-1265246	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 FEWELL, CAROLE 288 ARAGON AVENUE, STE. C. CORAL GABLES, FL 33134

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

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD FEWELL, ROBERT 930 S GREENWAY DR CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST FEWELL, MARIAN 930 S GREENWAY DR CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FEWELL, CAROLE 4801 CAMPO SANO COURT CORAL GABLES, FL 331461160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/02/05-80017-022 158.75

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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: *Robert J. Fewell* ROBERT J. FEWELL 223-05 (305) 443-7755

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