2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 01, 2005 08:00 AM **DOCUMENT # 603216 Secretary of State** 1. Entity Name RICHARD H. EMAS, P.A. Principal Place of Business Mailing Address 19 W FLAGLER ST 19 W FLAGLER ST **SUITE 1210 SUITE 1210** MIAMI FL 33130 MIAMI FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 59-1371416 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EMAS, RICHARD H Street Address (P.O. Box Number is Not Acceptable) 19 WEST FLAGLER ST SUITE 1210 MIAMI FL 33,120 Zip Code 8. The above name anging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and ador the obligations, ುಕ್ಕಳ ter SIGN/TUP ------ of applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Change Addition TITLE Delete MILE EMAS, RICHARD H NAME NAME STREET ADDRESS 19 W. FLAGLER ST., SUITE 1210 STREET ADDRESS 02/02/05-80015-021 150.00 £ITY-ST-ZIP MIAMI FL 33130 CITY-ST-ZIP ☐ Change TITLE ☐ Delete HILE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z/P ☐ Addition THILL ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete mile ☐ Change Addition TITLE NAME NAME STREET ADOPESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIF Delete THILE Change Addition HTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-ST-ZIP

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12. I hereby certify that the information supplied with this filt groes 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, jupplemental report is true style 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 type-liver or bustee employing by the certific 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 attack ment with an address type-liver may prove the changed.

SIGNATURE