


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90040 023 ***150.00

DOCUMENT # 603661	
1. Entity Name SULLIVAN, ADMIRE & SULLIVAN, PROFESSIONAL ASSOCIATION	

Principal Place of Business 2511 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	Mailing Address 2511 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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40001979




2. Principal Place of Business 2555 Ponce de Leon Blvd	3. Mailing Address 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

01122005 Chg-P CR2E034 (10/03)

4. FEI Number 59-1408234		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ADMIRE, JACK G. 2505 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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:  DATE: **1/12/05**

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

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		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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Admire, Jack G 2555 Ponce de Leon Blvd Suite 320 Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, JOHN C. JR. 2511 PONCE DE LEON BLVD. CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sullivan, John C Jr 2555 Ponce de Leon Blvd Suite 320 Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADMIRE, JOHN G. 2511 PONCE DE LEON BLVD. CORAL GABLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Admire, John G 2555 Ponce de Leon Blvd Suite 320 Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Admire, Robert O. 2555 Ponce de Leon Blvd Suite 320 Coral Gables FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: **1/12/05** 305-444-6121

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