## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 11, 2005 08:00 AM **Secretary of State DOCUMENT # 603977** BARRANCO, KIRCHER & VOGELSANG, P.A. Principal Place of Business Mailing Address 150 WEST FLAGLER STREET 150 WEST FLAGLER STREET SUITE 1400, MUSEUM TOWER SUITE 1400, MUSEUM TOWER MIAMI, FL 33130 MIAMI, FL 33130 02092005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1431139 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARRANCO JR, A J DO NOT WRITE 1400 MUSEUM TOWER SUITE 1400 150 W. FLAGLER STREET IN THIS SPACE MIAMI, FL 33130 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PTD TITLE NAME BARRANCO, A. J. STREET ADDRESS 1629 S. BAYSHORE DR. CITY-ST-7IP COCONUT\_GROVE, FL 02/11/05-80002-010 150.00 TITLE NAME KIRCHER, MARIANNE L. STREET ADDRESS 6750 ROYAL PALM DRIVE CITY-ST-ZIP MIAMI, FL TITLE VOGELSANG, BETH T 12055 SW 73 AVENUE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MIAMI, FL 33156 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify fer 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-effect like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

GITY-ST-ZIP

URE AND VIPED ON PRINTED NAME OF SIGNING DIFFICIA OR DIRECTOR

A.J. Parranco, Jr. President

02-09-05

305-371-8575

Daytime Phone #

FILED