### 2004 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # 604170

Entity Name
 JOHN R. FARRELL, P.A.



Principal Place of Business

Mailing Address

2825 S. MIAMI AVENUE MIAMI, FL 33129 2825 S. MIAMI AVENUE MIAMI, FL 33129

# FILED Jan 12, 2004 08:00 AM Secretary of State

CR2E034 (10/03)



### DO NOT WRITE IN THIS SPACE

 4. FEI Number
 Applied For

 59-1444888
 Not Applicable

5. Certificate of Status Desired 

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

FLL JOHN R

FARRELL, JOHN R. 2825 S. MIAMI AVENUE MIAMI, FL 33129

SIGNATURE:

GNATURE AND T

## DO NOT WRITE IN THIS SPACE

No Chg-P

01082004

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 apolicable. (NOTE Registored Agent signature required when reinstating)  DATE					
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD FARRELL,JOHN R. 2825 S. MIAMI AVENUE MIAMI, FL	·			UU00000003561
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/13/04-20062-005 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
FIFLE NAME STREET ADDRESS GITY+ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY ST-ZIP					
HILLE NAME STREET ADDRESS 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.					

NAME OF SIGNING OFFICER OR DIRECTO