


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90094 035 \*\*\*150.00

<b>DOCUMENT # 614156</b>	
1. Entity Name <b>LAW OFFICES OF MICHAEL R. STORACE, P.A.</b>	

Principal Place of Business <b>9100 SOUTH DADELAND BLVD. SUITE 1607 MIAMI, FL 33156-7817 US</b>	Mailing Address <b>9100 SOUTH DADELAND BLVD. SUITE 1607 MIAMI, FL 33156-7817 US</b>
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**50022566**

2. Principal Place of Business <b>4720 Lejune Road</b>	3. Mailing Address <b>4720 Lejune Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



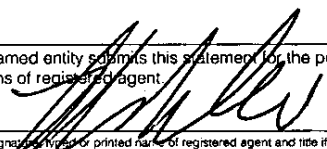
03012005 Chg-P CR2E034 (10/03)

City & State <b>Coral Gables, Fl.</b>	City & State <b>Coral Gables, Fl.</b>	4. FEI Number <b>59-1903033</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33146</b>	Country <b>Dade</b>	Zip <b>33146</b>	Country <b>Dade</b>

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>STORACE, MICHAEL R 9100 S. DADELAND BLVD., STE 1607 MIAMI, FL 33156-7817</b>		7. Name and Address of New Registered Agent Name <b>Storace, Michael R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>4720 Lejune Road</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33146</b>	
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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.

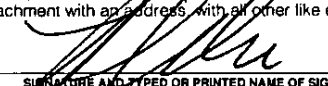
SIGNATURE:  DATE: **3/1/2005**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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 STORACE, MICHAEL R 9100 S. DADELAND BLVD., STE 1607 MIAMI, FL 331567817 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Storace, Michael R. 4720 Lejune Road Coral Gables, Fl. 33146 <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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  as **Michael R. Storace** Date: **3/1/2005** (305) 662-4800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR