2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 629040

1. Entity Name
LAW OFFICES OF JERRY M. DALE, P.A.

Principal Place of Business	Mailing Address
8370 WEST FLAGLER ST STE 252 MIAMI, FL 33144	8370 WEST FLAGLER ST STE 252 MIAMI, FL 33144

DO NOT WRITE IN THIS SPACE

04272006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1930464	Not Applicable

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

6. Name and Address of Current Registered Agent

DALE, JERRY M
8370 WEST FLAGLER STREET   STE 252
MIAMI, FL 33144

DO NOT WRITE
IN THIS SPACE

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 _____ _Jerry M. Dale_ _4/27/06_

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	DALE, JERRY M
STREET ADDRESS	8370 W FLAGLER ST #252
CITY-ST-ZIP	MIAMI, FLORIDA 00000,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

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05/10/06-80138-025 150.00

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ _Jerry M. Dale_ _4/27/06_ (305)559-496.

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