2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2005 08:00 AM Secretary of State **DOCUMENT # 658744** 1. Entity Name ALLEN AND ASSOCIATES, P.A. Principal Place of Business Mailing Address 5940 SW 73RD ST. S. MIAMI FL 33143 5940 SW 73RD ST. S. MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2027084 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLEN, JIMMIE Street Address (P.O. Box Number is Not Acceptable) 1883 SW 152ND WAY MIRAMAR FL 33027 City Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTS THE Delete UTLE Change Addition H00000232674 ALLEN, JIMMIE NAME NAME 02/16/05-80059-023 158.75 STREET ADDRESS 1883 SW 152ND WAY STREET ADDRESS CITY - ST - ZIP MIRAMAR FL 33027 CHY-ST-ZIP TITLE D Delete Change ☐ Addition NAME ALLEN, JIMMIE CIRCET ADDRESS 1883 SW 152ND WAY STREET ADDRESS CITY ST-ZIP MIRAMAR FL 33027 CiTY-ST-ZIP Defete TITLE THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHTY ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete HIF WILL Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST- 7P

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 introduced.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

SIGNING OFFICER OR DIRECTOR

18 January 2005

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