


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90008 013 ***150.00

DOCUMENT # 667706 1. Entity Name MELVIN C. ALLDREDGE, P.A.					
Principal Place of Business 9210 SW 72ND STREET BLDG 5, SUITE 101 MIAMI, FL 33173 US			Mailing Address 9210 SW 72ND STREET BLDG 5, SUITE 101 MIAMI, FL 33173 US		
2. Principal Place of Business 4914 S.W. 72 Ave			3. Mailing Address 4914 S.W. 72 Ave		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami, FL			City & State Miami, FL		
Zip 33155			Zip 33155		
Country USA			Country USA		
4. FEI Number 59-1985861			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ALLDREDGE, MELVIN C. 9210 SW 72 ST #101 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name Allredge, Melvin C. Street Address (P.O. Box Number is Not Acceptable) 4914 S.W. 72 Ave City Miami FL Zip Code 33155		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ALLDREDGE, MELVIN C. 9210 SW 72ND STREET, BLDG 5, SUITE 101 MAIMI, FL 33173	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4914 S.W. 72 Ave Miami, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Melvin C. Allredge</u> Melvin C. Allredge 1/10/05 305-661-6226 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					