2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2005 8:00 am Secretary of State 04-26-2005 90161 026 ***150.00 **DOCUMENT # 673345** MICHAEL LATTERNER & ASSOCIATES, INC. 4.0000 Principal Place of Business Mailing Address 13 S.W. 7TH STREET 13 S.W. 7TH STREET MIAMI, FL 33130 MIAMI, FL 33130 CR2E034 (10/03) 01042005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1997440 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SONN, TERRI DO NOT WRITE 20801 BISCAYNE BLVD, SUITE 501 AVENTURA, FL 33180 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ÐΡ LATTERNER, MICHAEL P NAME 3930 UTOPIA COURT 13 SW 7 St. STREET ADDRESS MIAMI, FL 33130 🙀 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-St-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 state 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 received by the secure 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 attracting the state of the secure of the secure

SIGNATURE SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS

FILED