2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2005 08:00 AM Secretary of State DOCUMENT # F11715 1. Entity Name HENRY H. RAATTAMA, JR., P.A. Principal Place of Business Mailing Address C/O AKERMAN SENTERFITT C/O AKERMAN SENTERFITT ONE SE 3RD AVENUE 2800 ONE SE 3RD AVENUE 2800 MIAMI, FL 33131 US MIAMI, FL 33131 US CR2E034 (10/03) No Chg-P 01052005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2047132 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAATTAMA, HENRY H., JR DO NOT WRITE ONE SE 3RD AVENUE 28TH FLOOR IN THIS SPACE MIAMI, FL 33131 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DP TITLE NAME RAATTAMA, HENRY H, JR Taraga a r ONE SE THIRD AVE - 28TH FL STREET ADDRESS CITY-ST-ZIP MIAMI, FL 00000, 33131 TITLE NAME U00000175197 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby cortify that the information supplied with this filling 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 eath, that I am an officer or director of the corporation or the redeiver or trustee embowered 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECT

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FILED!

Daytime Phone #