

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F77441

FILED
May 10, 2005
Secretary of State

Entity Name: THOMAS R. POST, P.A.

Current Principal Place of Business:

140 NW 8TH ST
MIAMI, FL 331321826

New Principal Place of Business:

140 NE 8TH ST
MIAMI, FL 331321826

Current Mailing Address:

140 NW 8TH ST
901 NE SECOND AVE SUITE 2000
MIAMI, FL 331321826

New Mailing Address:

140 NE 8TH ST
MIAMI, FL 331321826

FEI Number: 59-2185746

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POST, THOMAS R
140 NE 8ST
MIAMI, FL 331321826 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: POST, THOMAS R
Address: 140 NE 8ST
City-St-Zip: MIAMI, FL 331321826

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. POST

PRES

05/10/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date