


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90069 018 ***150.00

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|--|--|---|
| DOCUMENT # F83028 | |  |
| 1. Entity Name NANCY BAILEY AND ASSOCIATES, INC. | | |
| Principal Place of Business 1553 SAN IGNACIO AVENUE CORAL GABLES FL 33146 US | Mailing Address 1553 SAN IGNACIO AVENUE CORAL GABLES FL 33146 US | |



1st MOORE CR2E034 (10/04)

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|---|------------------------------|---|------------------------------|---|--|
| 2. Principal Place of Business 3250 MARY STREET | | 3. Mailing Address 3250 MARY STREET | | 4. FEI Number 59-2197639 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. SUITE # 205 | | Suite, Apt. #, etc. SUITE # 205 | | | |
| City & State MIAMI, Florida | | City & State MIAMI, Florida | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 33133 | Country MIAMI-DADE | Zip 33133 | Country MIAMI-DADE | | |

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent BAILEY, NANCY 1553 SAN IGNACIO AVENUE CORAL GABLES FL 33146 | | 7. Name and Address of New Registered Agent Name NANCY BAILEY Street Address (P.O. Box Number is Not Acceptable) 3250 MARY STREET, SUITE # 205 City MIAMI FL Zip Code 33133 | |
|---|--|---|--|

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 *Nancy Bailey* *NANCY BAILEY* *FEB. 28, 2005*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 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 | DV BAILEY, DAVID J 3400 SW 27TH AVE, #2003 COCONUT GROVE FL 33133 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BAILEY, NANCY 3400 SW 27TH AVE #2003 COCONUT GROVE FL 33133 <input type="checkbox"/> Delete | 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: *Nancy Bailey* *NANCY BAILEY* *FEB. 28, 2005* *668-7000*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #