## **FILED** 2006 08:00 AN tary of State

Applied For Not Applicable

\$8.75 Additional Fee Required

ANNU	Apr 24, 2006 08			
DOCUMENT # G10376  1. Entity Name JOSEPH W. BEASLEY, P.A.				retary of
Principal Place of Business 2950SW 27TH AVE STE 100 MIAMI, F£ 33133 US	Mailing Address 2950SW 27TH AVE STE 100 MIAMI, FL 33133 US	3 <u>2</u> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
DO NOT WOL	E IN TUIC CO	ACE.	04202006 No Chg-P	CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE			4. FEI Number 59-2227764	I A
			5. Certificate of Status Desired	\$8.75 Ac
6. Name and Address of Curr	rent Registered Agent	_	,	-
BEASLEY, JOSEPH W., ESQ. 2950 SW 27TH AVE STE 100 MIAMI, FL 33133			DO NOT W IN THIS SF	

the obligat	tions of registered agent.	purpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE						
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRE	CTORS [				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BEASLEY, JOSEPH W, ESQ 2950 SW 27TH AVE, STE 100 MIAMI, FL 33133					
TITLE NAME STREET ADDRESS CUTY-ST-ZIP					000000526621 05/04/06-20080-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>3</sup>	THIS SPACE	
Title Name Street Address City-St-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information						

indicated on this report or supplemental report is true and accusably for the exemptions contained in Chapter 118, Plottoa Statutes, 1 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 of the seminary 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:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/2006 (305)445-3800