


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

0000000000 G65087 1. Entity Name <b>JAMES CURRAN, P.A.</b>	
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Principal Place of Business <b>C/O JAMES CURRAN</b> <b>633 SE 3RD AVE #201</b> <b>FT. LAUDERDALE, FL 33301 US</b>	Mailing Address <b>C/O JAMES CURRAN</b> <b>633 SE 3RD AVE #201</b> <b>FT. LAUDERDALE, FL 33301 US</b>
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4. FEI Number <b>59-2351693</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 00000000 00000 000000

6. Name and Address of Current Registered Agent  <b>CURRAN, JAMES</b> <b>633 SE 3RD AVE</b> <b>SUITE 201</b> <b>FT. LAUDERDALE, FL 33301</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 0 0000 00 000000000000
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>CURRAN, JAMES</b> <b>633 SE 3RD AVE., SUITE 201</b> <b>FT LAUDERDALE, FL</b>
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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)(f), 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:** *James Curran* **James Curran, President/Director** 4/10/05 (954) 523-3845  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #