


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90288 016 ***158.75

DOCUMENT # G69070 1. Entity Name LAW FIRM OF JOHN M. MACDANIEL, P.A.					
Principal Place of Business TWO S. BISCAYNE BLVD. STE 2975 MIAMI, FL 33131 US			Mailing Address TWO S. BISCAYNE BLVD. STE 2975 MIAMI, FL 33131 US		
2. Principal Place of Business TWO S. BISCAYNE BLVD Suite, Apt. #, etc. SUITE 2670		3. Mailing Address TWO S. BISCAYNE BLVD Suite, Apt. #, etc. SUITE 2670			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 59-2328579	
Zip 33131		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACDANIEL, JOHN M., ESQ. ONE BISCAYNE TOWER STE 2975 TWO SOUTH BISCAYNE BLVD MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ONE BISCAYNE TOWER STE 2670 TWO SOUTH BISCAYNE BLVD City MIAMI, FL. FL Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	PST MACDANIEL, JOHN M. TWO S. BISCAYNE BLVD. #2975 MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MACDANIEL, JOHN M. TWO S. BISCAYNE BLVD. #2975 MIAMI, FL	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/26/04 Daytime Phone # (305) 374-0700		