


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 A
Secretary of State

DOCUMENT # G69170 1. Entity Name MARKOWITZ, DAVIS, RINGEL & TRUSTY, P.A.	
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Principal Place of Business 9130 S. DADELAND BLVD., SUITE 1225 MIAMI, FL 33156-4849	Mailing Address 9130 S. DADELAND BLVD., SUITE 1225 MIAMI, FL 33156-4849
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2325782	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RINGEL, THOMAS 9130 S. DADELAND BLVD., SUITE 1225 MIAMI, FL 33156	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000215002 02/04/05-80034-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARKOWITZ, JERRY M 9130 S DADELAND BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIS, JOSEPH I JR 9130 S DADELAND BLVD. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD RINGEL, THOMAS 9130 S DADELAND BLVD. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TRUSTY, CANDIS 9130 S DADELAND BLVD MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Jerry M. Markowitz **JERRY M. MARKOWITZ** **1-25-05 305-670-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #