


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 21, 2005 8:00 am
Secretary of State

06-21-2005 90001 012 ***150.00

DOCUMENT # H73743			
1. Entity Name JORGE A. DUARTE, P.A.			
Principal Place of Business 5975 SUNSET DR STE 601 SO MIAMI FL 33143 US		Mailing Address 5975 SUNSET DR STE 601 SO MIAMI FL 33143 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KEYFETZ, L, BARRY, ESQ 44 W FLAGLER ST., #2400 MIAMI FL 33130		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	PD DUARTE, JORGE A. 5975 SUNSET DR STE 601 SO MIAMI FL <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	SD DUARTE, JORGE A. 5975 SUNSET DR STE 601 SO MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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1st MOORE CR2E034 (10/04)

4. FEI Number **59-2577222** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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:  Jorge A Duarte 6/9/05 (305) 358-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40088839

H73743

JORGE A. DUARTE, P.A.
ATTORNEY AT LAW

5975 SUNSET DRIVE
SUITE 601
SOUTH MIAMI, FLORIDA 33143

PHONE (305) 358-2400
FAX(305) 667-9739

June 10, 2005

Division of Corporations
Florida Department of State
Annual Report Section
PO Box 6850
Tallahassee, FL 32314

RE: 2005 For Profit Corporation Annual Report

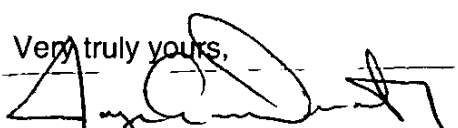
Dear Sir/Madam:

Please be advised that the 2005 For Profit Corporation Annual Report was received after the due date of May 1, 2005.

We have returned this form duly executed with the \$150.00 filing fee.

Please waive any late fees associated with this filing.

Thank you for your courtesy and consideration.

Very truly yours,

JORGE A. DUARTE

JAD/ic