


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # K45015 1. Entity Name THOMSON MURARO RAZOOK & HART, P.A.	
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Principal Place of Business 800 BRICKELL AVENUE 525 MIAMI, FL 33131	Mailing Address PO BOX 310670 MIAMI, FL 33231
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DO NOT WRITE IN THIS SPACE



07242005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0082743	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMSON, PARKER D. AMERIFIRST BUILDING 17TH FLOOR 1 S.E. 3RD AVE. MIAMI, FL 33131	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when resigning)	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMSON, PARKER D. 1207 MARIOLA CT. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MURARO, ROBERT E. 800 CLAUGHTON ISLAND DR APT 1504 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT RAZOOK, RICHARD J. 5765 S.W. 113TH ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HART, BRIAN A. 4860 HAMMOCK LAKE DRIVE CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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07/27/05-80004-005 550.00

**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: 	7-1-05	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			