


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90195 031 ***150.00

DOCUMENT # K99747	
1. Entity Name ROBERT J. VAN DER WALL, P.A.	

Principal Place of Business 1200 BRICKELL AVE. STE. 1620 MIAMI, FL 33131 US	Mailing Address 1200 BRICKELL AVE. STE. 1620 MIAMI, FL 33131 US
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14018600



2. Principal Place of Business 1320 SOUTH DIXIE HIGHWAY	3. Mailing Address 1320 SOUTH DIXIE HIGHWAY
Suite, Apt. #, etc. PENTHOUSE SUITE 1275	Suite, Apt. #, etc. PENTHOUSE SUITE 1275
City & State CORAL GABLES, FLORIDA	City & State CORAL GABLES, FLORIDA
Zip 33146	Country USA

07012005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0129055		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROBERT J VAN DER WALL 200 S. BISCAYNE BLVD., STE. 5100 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name ROBERT J. VAN DER WALL Street Address (P.O. Box Number is Not Acceptable) GABLES ONE TOWER PENTHOUSE 1320 SOUTH DIXIE HIGHWAY SUITE 1275 City CORAL GABLES FL Zip Code 33146

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 date if applicable.</small>	DATE 07/05/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN DER WALL, ROBERT J. 1200 BRICKELL AVE., STE. 1620 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN DER WALL, ROBERT J. 1320 SOUTH DIXIE HIGHWAY SUITE 1275 CORAL GABLES, FLORIDA 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 I am empowered.	
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> ROBERT J. VAN DER WALL	Date 07/05/05 (305) 358-6000 <small>Daytime Phone #</small>