


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90031 019 ***150.00

| | |
|--|---|
| DOCUMENT # L33819 1. Entity Name ELAINE K. SHEEHAN, P.A. |  |
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|---|---|
| Principal Place of Business 12252 SW 124 PATH MIAMI, FL 33186 | Mailing Address 12252 SW 124 PATH MIAMI, FL 33186 |
|---|---|


50003780

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01062005 No Chg-P CR2E034 (10/03)

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|---|-------------------------------|
| 4. FEI Number 65-0158472 | 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 | |
| SHEEHAN, ELAINE K. 13851 SW 62 TERR MIAMI, FL 33183 |  Mrs. Elaine Sheehan 12252 SW 124th Path Miami, FL 33186 |

**DO NOT WRITE
IN THIS SPACE**

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 |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SHEEHAN, ELAINE K. 12252 SW 124 PATH MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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: Elaine K. Sheehan, President Jan 13/05 305-252-2344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
ELAINE K. SHEEHAN