


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L43971 1. Entity Name JAMES E. MORGAN III, P.A.	
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Principal Place of Business 200 SOUTH BISCAYNE BLVD. STE. 4000 MIAMI, FL 33131 US	Mailing Address 200 SOUTH BISCAYNE BLVD. STE. 4000 MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0169998	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 MORGAN, JAMES E., III 200 SOUTH BISCAYNE BLVD. STE. 4000 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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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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	
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10. OFFICERS AND DIRECTORS	
TITLE	DPS
NAME	MORGAN, JAMES E., III
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., STE. 4000
CITY- ST- ZIP	MIAMI, FL
TITLE	T
NAME	MORGAN, JAMES E., III
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., STE. 4000
CITY- ST- ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/01/05-80054-008 150.00

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)(f), 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: 	JAMES E. MORGAN, III <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> PRESIDENT	Date 1-28-05 Daytime Phone 305-577-2875
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