


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2005 08:00 AM  
Secretary of State

<b>DOCUMENT # M23267</b> 1. Entity Name LYLE BYOIR THOMPSON, M.B.A., C.P.A., PROFESSIONAL ASSOCIATION	
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Principal Place of Business 407 LINCOLN RD., STE 8C MIAMI BEACH, FL 33139	Mailing Address 407 LINCOLN RD., STE 8C MIAMI BEACH, FL 33139
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04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2599458</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

THOMPSON, LYLE B  
407 LINCOLN RD., STE 8C  
MIAMI BEACH, FL 33139

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS THOMPSON, LYLE BYOIR 407 LINCOLN ROAD MALL MIAMI BEACH, FL
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04/23/05-80041-001 150.00

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:** LYLE B. THOMPSON  
LYLE B. Thompson, President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-20-05 Daytime Phone # 305-531-2638