


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90026 013 ***150.00

DOCUMENT # M31333 1. Entity Name JOSEPH M. WEHBY P.A.																															
Principal Place of Business 8370 W FLAGLER ST SUITE 204 MIAMI, FL 33144		Mailing Address 8370 W FLAGLER ST SUITE 204 MIAMI, FL 33144																													
2. Principal Place of Business 8370 W FLAGLER ST Suite, Apt. #, etc. SUITE 250 City & State MIAMI, FL Zip 33144		3. Mailing Address 8370 W FLAGLER ST Suite, Apt. #, etc. SUITE 250 City & State MIAMI, FL Zip 33144																													
4. FEI Number 59-2667460		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 WEHBY, JOSEPH M. 8370 W FLAGLER ST, SUITE 204 MIAMI, FL 33144		7. Name and Address of New Registered Agent Name WEHBY, JOSEPH M. Street Address (P.O. Box Number is Not Acceptable) 8370 W FLAGLER ST. SUITE 250 City MIAMI																													
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 <i>Joseph M. Wehby</i>		DATE 4/4/05																													
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE PDS NAME WEHBY, JOSEPH M. STREET ADDRESS 8370 W FLAGLER ST CITY-ST-ZIP MIAMI, FL </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE PDS NAME WEHBY, JOSEPH M. STREET ADDRESS 8370 W FLAGLER ST CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition 8370 W FLAGLER ST # 250 </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8370 W FLAGLER ST # 250												
TITLE PDS NAME WEHBY, JOSEPH M. STREET ADDRESS 8370 W FLAGLER ST CITY-ST-ZIP MIAMI, FL	<input type="checkbox"/> Delete																														
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 8370 W FLAGLER ST # 250																														
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: <i>Joseph M. Wehby, President</i>																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																															