2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M44214

1. Entity Name
ADORNO & YOSS, P.A.

Principal Place of Business	Mailing Address
2601 S. BAYSHORE DRIVE SUITE 1600 MIAMI, FL 33133	2601 S. BAYSHORE DRIVE SUITE 1600 MIAMI, FL 33133

2. Principal Place of Business	3. Mailing Address
2525 Ponce de Leon Blvd	2525 Ponce de Leon Blvd
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

12032004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2746043 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

OLLE, DENNIS J
2601 S. BAYSHORE DR., SUITE 1600
MIAMI, FL 33133

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2525 Ponce de Leon Blvd.
Suite 400

City Coral Gables FL Zip Code 33134

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 Dennis J. Olle Dennis J. Olle 12/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

200043372992
12/13/04--01064--025 **61.25

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ADORNO, HENRY N. 2601 S BAYSHORE DR. 1600 MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2525 Ponce de Leon Blvd. #400 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS GUERRA, PHILIP 2601 S BAYSHORE DR. 1600 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2525 Ponce de Leon Blvd. #400 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BLOOMBERG MITCHELL R. 2601 S BAYSHORE DR. 1600 MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2525 Ponce de Leon Blvd. #400 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MVST YOSS, GEORGE T 2601 S BAYSHORE DR. 1600 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2525 Ponce de Leon Blvd #400 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VICTOR, GREGORY A 2601 S BAYSHORE DR, SUITE 1600 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2525 Ponce de Leon Blvd. #400 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP OLLE, DENNIS 2601 S BAYSHORE DR, SUITE 1600 MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2525 Ponce de Leon Blvd. #400 Coral Gables, FL 33134

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: Dennis J. Olle 12/6/04 (305)460-1044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #