

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

02-17-2005 90024 018 ***150.00

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1. Entity Name

DEMAHY LABRADOR & DRAKE, P.A.



Principal Place of Business

2333 PONCE DE LEON BLVD
SUITE 550-600
CORAL GABLES FL 33134

Mailing Address

2333 PONCE DE LEON BLVD
SUITE 550-600
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0979789

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LABRADOR, FRANK L
2333 PONCE DE LEON BLVD
SUITE 550-600
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME DRAKE, KENNETH R
STREET ADDRESS 2333 PONCE DE LEON, SUITE 550-600
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD
NAME LABRADOR, FRANK L
STREET ADDRESS 2333 PONCE DE LEON BLVD., SUITE 550-600
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/05

Date

305 443 4850

Daytime Phone #