

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000050406</b>		
1. Entity Name PATRICIA KIMBALL FLETCHER, P.A.		
Principal Place of Business 200 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131		Mailing Address 200 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01072004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-1009873		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  FLETCHER, PATRICIA K 200 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIMBALL FLETCHER, PATRICIA 200 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLETCHER, CHRISTOPHER A 2732 SW 2 AVENUE MIAMI, FL 33129	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <i>Patricia K Fletcher</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/8/04 (305) 960-2255 Date Daytime Phone #