2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2005 08:00 AM Secretary of State **DOCUMENT # P01000015029** 1. Entity Name GEORGE A. KOKUS, P.A. Mailing Address Principal Place of Business 1521 S.W. LEJEUNE RD. 1521 S.W. LEJEUNE RD. CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 05022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1074794 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FORMAN, TERRY J DO NOT WRITE 1521 S.W. LEJEUNE RD. CORAL GABLES, FL 33134 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, typed or printed name of registered agent and rifle if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be П Due by September 7, 2005 Trust Func Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE KOKUS, ĢEORGE A NAME U00000353963 05/05/05-80014-004 150.00 1521 S.W. LEJEUNE RD. STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE

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 of 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:

NAME STREET ADDRESS City-St-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED