2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 14, 2005 08:00 AM **Secretary of State** DOCUMENT # P01000031880 1. Entity Name JOSEPH WIRTH, P.A. Principal Place of Business Mailing Address 10179 W. SUNRISE BLVD. 10179 W. SUNRISE BLVD. FORT LAUDERDALE, FL 33322 FORT LAUDERDALE, FL 33322 No Chg-P CR2E034 (10/03) 02092005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1085505 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent WIRTH, JOSEPH DO NOT WRITE 10179 W. SUNRISE BLVD. PLANTATION, FL 33322 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DPST TITLE WIRTH, JOSEPH NAME 11000000228888 STREET ADDRESS 10179 W. SUNRISE BLVD. 02/14/05-80054-023 150.00 PLANTATION, FL 33322 CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP DILL NAME STREET ADDRESS DO NOT WRITE CHY ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 further certify that the information indicated on this report or supplemental report is true and accurate and that my signature stark 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:

11TLE NAME. STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

FILED