2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000117219

1. Entity Name

SUZANNE M. AMADUCCI, P.A.





200 S. BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33131

FILED Mar 08, 2004 8:00 am Secretary of State

03-08-2004 90025 030 ***150.00

94025846



 \Box

02132004

No Chg-P

CR2E034 (10/03)

4. FEI Number 01-0553129 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

AMADUCCI, SUZANNE M 200 SOUTH BISCAYNE BLVD STE 2500 MIAMI, FL 33131-2336

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	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	ed office or registered	agent, or both, in the	State of Florida. I am famili	ar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	d Agent signature required who	en reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		May Be to Fees		
10. IITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DPST AMADUCCI, SUZANNE M 200 S. BISCAYNE BLVD., STE 2500 MIAMI, FL 331312336	TORS	S	and the second s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>		DO NO	T WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			*	IN THIS	S 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, 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 receiveror trustee empowered to execute this report as required by Chapter 1007. Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Polife

305-374-7580

Daytime Phone #