


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000117219

1. Entity Name
 SUZANNE M. AMADUCCI, P.A.



Principal Place of Business
 200 S. BISCAYNE BLVD.
 SUITE 2500
 MIAMI, FL 33131

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



03072005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0553129 Applied For Not Applied For

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

1100000296152
 04/09/05-80058-003 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST AMADUCCI, SUZANNE M 200 S. BISCAYNE BLVD., STE 2500 MIAMI, FL 331312336
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Suzanne Amaducci 4/11/05 305-374-9581
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #