

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P02000002364**

1. Entity Name  
**IVORY SEAN COOKS, P.A.**



Principal Place of Business  
**901 NE 125TH ST, SUITE #101  
N MIAMI, FL 33161**

Mailing Address  
**901 NE 125TH ST, SUITE #101  
N MIAMI, FL 33161**

**FILED**

**05 AUG 19 PM 4:08**

**ALLAHASSEE, FLORIDA**



**DO NOT WRITE IN THIS SPACE**

08082005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**90-0003417**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOSEPH PATERNOSTRO ACCOUNTING SERVICES, IN  
901 NE 125TH ST, SUITE #101  
N MIAMI, FL 33161**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>COOKS, IVORY S</b>
STREET ADDRESS	<b>THE GRAND, A-4245, 1717 N. BAYSHORE DR</b>
CITY-ST-ZIP	<b>MIAMI, FL 33132</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**800059141088**  
**08/31/05--01003--001 \*\*150.00**

**DO NOT WRITE  
IN THIS SPACE**

**M. Williams AUG 19 2005**

12. I hereby certify that the information supplied with this filing 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 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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**8/10/05 305-895-7355**

**Joseph Paternostro Accounting Services, Inc.**

901 NE 125<sup>th</sup> Street, Suite 101

North Miami, FL 33161

Office (305) 895-7355 Cell (305) 606-0935 Fax (305) 893-9696

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August 8th, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Document# P02000002364  
Federal I.D. # 90-0003417

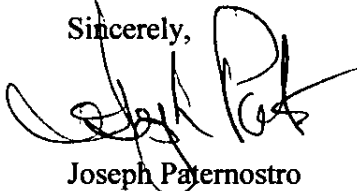
To whom it may concern:

Reference is made to my telephone conversation with your representative who informed me that we are to send a second copy of the annual report to you. This is due to the fact the post office never delivered the Annual Report for 2005.

Please note a check is enclosed for the annual fee \$150.00..

Please accept our thanks for your cooperation on the above.

Sincerely,



Joseph Paternostro  
Accountant

cc: Ivory Sean Cooks P.A.