
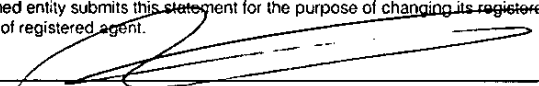
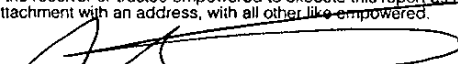


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90014 004 ***550.00

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| DOCUMENT # P02000012369 1. Entity Name MARJORIE ALEXIS, P.A. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 123 SE 3RD AVE., STE. 381 MIAMI, FL 33131 | | | Mailing Address 123 SE 3RD AVE., STE. 381 MIAMI, FL 33131 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 99 NW 183rd St Suite, Apt. #, etc. 240 | | 3. Mailing Address 99 NW 183rd Street Suite, Apt. #, etc. 240 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Miami, FL Zip 33169 | | City & State Miami, FL Zip 33169 | | 4. FEI Number 03-0391576 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country USA | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent ALEXIS, MARJORIE 123 SE 3RD AVE., STE. 381 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name Alexis, Marjorie Street Address (P.O. Box Number is Not Acceptable) 99 NW 183rd Street Ste 240 City Miami FL Zip Code 33169 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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:  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ALEXIS, MARJORIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>123 SE 3RD AVE., STE. 381</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table> | | | TITLE | D | <input type="checkbox"/> Delete | NAME | ALEXIS, MARJORIE | | STREET ADDRESS | 123 SE 3RD AVE., STE. 381 | | CITY-ST-ZIP | MIAMI, FL 33131 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY-ST-ZIP | | |
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| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 7-7-05 Daytime Phone # 305-652-7355 | | | | | | | | | | | | | | | | | | | | | | | | | |