

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000017556

Entity Name: MICHELE COLSON, P.A.

FILED
Feb 24, 2005
Secretary of State

Current Principal Place of Business:

540 15TH STREET
101
MIAMI BEACH, FL 33139

New Principal Place of Business:

7525 HISPANOLA AV
NORTH BAY VILLAGE, FL 33141

Current Mailing Address:

540 15TH STREET
101
MIAMI BEACH, FL 33139

New Mailing Address:

7525 HISPANOLA AV
NORTH BAY VILLAGE, FL 33141

FEI Number: 04-3602310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLSON, MICHELE
540 15 STREET #101
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

COLSON, MICHELE
7525 HISPANOLA AV
NORTH BAY VILLAGE, FL 33141 US

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.

SIGNATURE:

02/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: COLSON, MICHELE
Address: 540 15 STREET, #101
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD () Delete
Name: BAILEY, SIMONE C
Address: 540 15 STREET, #101
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: COLSON, MICHELE
Address: 7525 HISPANOLA AV
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: VD (X) Change () Addition
Name: BAILEY, SIMONE C
Address: 7525 HISPANOLA AV
City-St-Zip: NORTH BAY VILLAGE, FL 33141

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE COLSON

PSDT

02/24/2005

Electronic Signature of Signing Officer or Director

Date