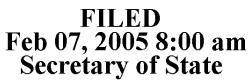
2005 FOR PROFIT CORPORATION ANNUAL REPORT



DOCUMENT # P02000018009 1. Entity Name STROOP CONSTRUCTION LAW FIRM, P.A.					02-07-2005	5 90081 0	17 ***1:	50.00
Principal Place of Business 644 SE 4TH AVENUE FT. LAUDERDALE, FL 33301 Mailing Address 644 SE 4TH AVENUE FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301					400148	08		
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		02012005	Chg-P	CR2E034	1 (10/03)	
City & State	City & State			4. FEI Number 02-0546	405			plied For Applicable
Zip Country	Zip	Country	y 	5. Certificate of		Ŭ Fe	8.75 Add e Required	
6. Name and Address of Cur	rent Registered Agent		Name	7. Name and A	ddress of New R	egistered Ag	ent	
STROOP, WILLIAM T 644 SE 4TH AVENUE FT. LAUDERDALE, FL 33301			Street Address (P.O. Box Number is Not Acceptable)					
			City	FL Zip Code				
 The above named entity submits this statement the obligations of registered agent. 	ent for the purpose of changing its	registered	office or registere	ed agent, or both	in the State of Flo	rida. Tam fai	niliar with,	and accept
SIGNATURESignature, typod or printed name of registered	agent and title if applicable (NOTI	E: Registered /	Ngent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$5				00 May Be ad to Fees				
	AND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	CERS AND D	RECTORS	IN 11
NAME STROOP, WILLIAM T STREET ADDRESS 400 SE 8TH STREET CITY-ST-ZIP FT. LAUDERDALE, FL 3331	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS 64	14 S.E.	4th Ave		A Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET CITY-S	ADORESS			_	Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP		<u>.</u>		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			[Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	□ Delete	TITLE NAME STREET CITY+S	ADDRESS J-ZIP		·	[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied	Delete	CITY-S		ction 119 07(3)(i)	Florida Statutes I		Change	Addition

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 addyses, with all other like empowered.

954-764-5005