
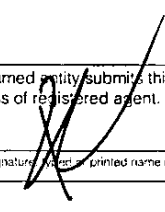
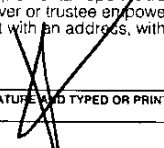


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90054 002 \*\*\*150.00

<b>DOCUMENT # P02000020300</b> 1. Entity Name LAW OFFICES OF FLORENCE CHAMBERLIN ESQ., P.A.			
Principal Place of Business 25 SE 2ND AVENUE, STE. 527 MIAMI BEACH, FL 33131 US		Mailing Address 25 SE 2ND AVENUE, STE. 527 MIAMI BEACH, FL 33131 US	
2. Principal Place of Business 25 SE 2 <sup>ND</sup> AVE Suite, Apt. #, etc. 527		3. Mailing Address 25 SE 2 <sup>ND</sup> AVE. Suite, Apt. #, etc. 527	
City & State MIAMI, FL Zip 33131		City & State MIAMI, FL Zip 33131	
Country US		Country US	
4. FEI Number 27-0039688		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CHAMBERLIN, FLORENCE 25 SE 2ND AVENUE, STE. 527 MIAMI BEACH, FL 33131		7. Name and Address of New Registered Agent Name CHAMBERLIN, FLORENCE Street Address (P.O. Box Number is Not Acceptable) 25 SE 2 <sup>ND</sup> AVE, STE 527 City MIAMI FL Zip Code 33131	
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:  DATE: 4/11/05 <small>Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CHAMBERLIN, FLORENCE 5700 COLLINS AVE #15F MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 221 NE 89 <sup>TH</sup> ST. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHAMBERLIN, MATTHEW 5700 COLLINS AVE #15F MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 221 NE 89 <sup>TH</sup> ST. MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 4/11/05 Daytime Phone #: 305 350 0307	

40055249



02142005 Chg-P CR2E034 (10/03)