

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-13-2005 90054 002 ***150.00

DOCUMENT # P02000020300

1. Entity Name
 LAW OFFICES OF FLORENCE CHAMBERLIN ESQ., P.A.



Principal Place of Business Mailing Address
 25 SE 2ND AVENUE, STE. 527 25 SE 2ND AVENUE, STE. 527
 MIAMI BEACH, FL 33131 US MIAMI BEACH, FL 33131 US

40055249



2. Principal Place of Business 3. Mailing Address
 25 SE 2ND AVE 25 SE 2ND AVE.

Suite, Apt. #, etc. Suite, Apt. #, etc.
 527 527

02142005 Chg-P CR2E034 (10/03)

City & State City & State
 MIAMI, FL MIAMI, FL

4. FEI Number Applied For
 27-0039688 Not Applicable

Zip Country Zip Country
 33131 US FL 33131 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAMBERLIN, FLORENCE
 25 SE 2ND AVENUE, STE. 527
 MIAMI BEACH, FL 33131

Name CHAMBERLIN, FLORENCE
 Street Address (P.O. Box Number is Not Acceptable)
 25 SE 2ND 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
Signature must be printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| 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 | VD CHAMBERLIN, MATTHEW 5700 COLLINS AVE #15F MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 221 NE 89th St. MIAMI, FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 221 NE 89th St. MIAMI, FL 33138 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 4/11/05 305 350 0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #