

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90160 020 ***150.00

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|---|---|--|--|---|--|
| DOCUMENT # P02000090522 1. Entity Name PAMELA A. LEONE, P.A. | | | |  | |
| Principal Place of Business 1075 SUNSET DRIVE CORAL GABLES, FL 33143 | | | Mailing Address 1075 SUNSET DRIVE CORAL GABLES, FL 33143 | | |
| 2. Principal Place of Business <i>P.O. Box 331511</i> | | 3. Mailing Address <i>P.O. Box 331511</i> | | | |
| Suite, Apt., etc. <i>Miami, FL</i> | | Suite, Apt., etc. <i>Miami FL 33233</i> | | | |
| City & State <i>Miami, 33143</i> | | City & State <i>Miami, 33143</i> | | 05022005 Chg-P CR2E034 (10/03) | |
| Zip <i>33233</i> | | Country <i>USA</i> | | 4. FEI Number 30-0178108 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent LEONE, PAMELA A 1075 SUNSET DRIVE CORAL GABLES, FL 33143 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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: <i>Pamela Leone</i> DATE: <i>5/2/05</i> <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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LEONE, PAMELA A 1075 SUNSET DRIVE CORAL GABLES, FL 33143 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Pamela A. Leone P.A.</i> <i>P.O. Box 331511</i> <i>Miami FL 33233</i> | |
| 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 | |
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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: <i>Pamela Leone</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE: <i>5/2/05</i> DAYTIME PHONE #: <i>786 3190294</i> | | |