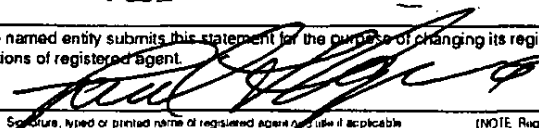
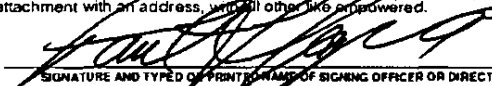


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/8/2005-90043-033-\$150.00-\$150.00

DOCUMENT # P02000103054 1. Entity Name PAUL F. ANQUEIRA, P.A.		 <div style="text-align: right;"> FILED 05 AUG 31 AM 9:18 1st MOORE CR2E034 (10/04) </div>																																																			
Principal Place of Business 2050 CORAL WAY 400 MIAMI FL 33145		Mailing Address 2050 CORAL WAY 400 MIAMI FL 33145																																																			
2. Principal Place of Business 8433 W. OKEECHOBEE RD		3. Mailing Address 7825 SW 33 TERR																																																			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																			
City & State MIAMI GARDENS, FL		City & State MIAMI, FL																																																			
Zip 33016		Zip 33155																																																			
Country 		Country 																																																			
4. FEI Number 83-0343209		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 ANGUEIRA, PAUL F ESQ. 2050 CORAL WAY, SUITE 400 MIAMI FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																			
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="text-align: right;"> 7/31/05 <small>DATE</small> </div> </div>																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>ANGUEIRA, PAUL F</td> <td>2050 CORAL WAY, SUITE 400</td> <td>MIAMI FL 33145</td> <td></td> </tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>		ANGUEIRA, PAUL F	2050 CORAL WAY, SUITE 400	MIAMI FL 33145		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																			
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																																																	
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, without other like empowered. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div style="text-align: right;"> 7/31/05 <small>DATE</small> </div> <div style="text-align: right;"> 305-8000-8225 <small>Daytime Phone #</small> </div> </div>																																																					