## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000006028

Entity Name: BLAIR SMIKLE, P.A.

FILED Apr 27, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** BANK OF AMERICA BLDG. 18350 NW 2ND AVENUE SUITE 500 MIAMI, FL 33169 **Current Mailing Address: New Mailing Address:** BANK OF AMERICA BLDG. 18350 NW 2ND AVENUE SUITE 500 MIAMI, FL 33169 FEI Number: 75-3094263 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMIKLE, CLAUDINE T 1709 SW 101 TERRACE MIRAMAR, FL 33025 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition BLAIR, TRICIA-ANN A Name: Name: 18350 NW 2ND AVENUE, SUITE 500 Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: Title: () Change () Addition () Delete Name: SMIKLE, CLAUDINE T Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRICIA-ANN BLAIR D 04/27/2004

18350 NW 2ND AVENUE, SUITE 500

MIAMI, FL 33169

Address:

City-St-Zip: