


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90229 036 ***150.00

DOCUMENT # P03000033087		
1. Entity Name DESHONDA BAILEY, P.A.		

Principal Place of Business 707 SE 3RD AVENUE SUITE 401 FORT LAUDERDALE, FL 33316	Mailing Address 707 SE 3RD AVENUE SUITE 401 FORT LAUDERDALE, FL 33316
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40064115

2. Principal Place of Business 4801 S. UNIVERSITY DR. Suite, Apt. #, etc. # 202 # 102	3. Mailing Address 4801 S. UNIVERSITY DR. Suite, Apt. #, etc. # 202 # 102
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City & State FORT LAUDERDALE	City & State FORT LAUDERDALE
Zip 33328	Zip 33328
Country USA	Country USA

01262005 Chg-P CR2E034 (10/03)

4. FEI Number 33-1052604	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAILEY, DESHONDA 707 SE 3RD AVENUE SUITE 401 FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name BAILEY, DESHONDA Street Address (P.O. Box Number is Not Acceptable) THE ATRIUM 4801 South University Dr. - # 202 City FORT LAUDERDALE FL Zip Code 33328	
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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 D. Bailey DESHONDA BAILEY 1-31-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D BAILEY, DESHONDA 707 SE 3RD AVENUE, SUITE 401 FORT LAUDERDALE, FL 33316 <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
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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: D. Bailey DESHONDA BAILEY (954) 252-5117
Signature and typed or printed name of signing officer or director Date Daytime Phone #