

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000076994	
1. Entity Name PAULA & ASSOCIATES, PA	



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 28 AM 10:40

REINSTATEMENT 05



Principal Place of Business 8350 SW 11 TERR MIAMI, FL 33144	Mailing Address 8350 SW 11 TERR MIAMI, FL 33144
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2. Principal Place of Business 3791 SW 122 Ave Suite, Apt. #, etc.	3. Mailing Address 3791 SW 122 Ave Suite, Apt. #, etc.
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10182005 REIN-P CR2E098 (6/04)

City & State Miami, FL	City & State Miami, FL
Zip 33175	Country USA

4. FEI Number 54-2116716	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 PAULA, ALI 8350 SW 11 TERR MIAMI, FL 33144	
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7. Name and Address of New Registered Agent Name Ali E. Paula Street Address (P.O. Box Number is Not Acceptable) 3791 SW 122 Ave City Miami FL Zip Code 33175	
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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: <i>[Signature]</i> Ali E. Paula	DATE: 11/1/05

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PAULA, ALI 8350 SW 11 TERR MIAMI, FL 33144 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 20000007304225C 10/18/05--01031--001 **320.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400060769764 10/19/05--01035--001 **320.00
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"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i> Ali E. Paula	DATE: 11/1/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

Date

Daytime Phone # 786 5531235