FILED
Jun 13, 2005 8:00 am
Secretary of State

06-13-2005 90005 036 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000080495

1. Entity Name
JOSE A. ESCARDO, P.A.

50053615

Principal Place of Business	Mailing Address
9728 SW 108 TERR MIAMI, FL 33176	9728 SW 108 TERR MIAMI, FL 33176

04132005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
SAME AS ABOVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 20-0084858 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESCARDO, JOSE A
743 NW 133RD AVE.
MIAMI, FL 33182

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: Jose A Escardo (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE 4/14/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 ESCARDO, JOSE A 743 NW 133RD AVE. MIAMI, FL 33182 ☒ Delete — THIS IS (OLD ADDRESS)	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSE A. ESCARDO 9728 SW 108 TERR. MIAMI, FLA 33176 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Jose A Escardo (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date 4/14/05 Daytime Phone # 305-297-6755

ATTACHMENT 500536115

#P03000080495

(the "Bank")

STOP PAYMENT/ EXCEPTION ITEMS REQUEST

REPLACED, THEY LOST CHECK, NOT CASHED

NAME & ADDRESS ON ACCOUNT:

JOSE A. ESCARDO, P.A.
JOSE ANTONIO ESCARDO
9728 SW 108 TERRACE

MIAMI, FL 33176

REPLACED WITH CHECK #340

THIS ORDER SHALL TERMINATE SIX MONTHS FROM THIS DATE UNLESS RENEWED BY YOU IN WRITING PRIOR TO THE EXPIRATION DATE. IF YOUR PAYMENT IS AN "ACH" ITEM, THE ORDER WILL TERMINATE AFTER ONE AUTOMATIC PAYMENT HAS BEEN STOPPED.

Fold Fold

TRANSACTION TYPE	CHECK DATED	CHECK NUMBER	AMOUNT OF CHECK	CHECKING ACCOUNT NUMBER
STOP PAYMENT - SINGLE CHECK	05/18/2005	335	$150.00	0093-0000122530-5

MAKER	PAYEE
JOSE ANTONIO ESCARDO	DIVISION OF CORPORATIONS

REASON	HAS A REPLACEMENT CHECK BEEN ISSUED?	SERVICE CHARGE
STOP PAYMENT - SINGLE CHECK	☐ NO ☒ YES, CHECK NUMBER: 0	$0.00

EXCEPTION ITEM INSTRUCTIONS

RETURN CHECKS NUMBERED	PAY CHECKS NUMBERED	PAY CHECKS THROUGH NEW ACCOUNT #
FROM THRU	FROM THRU	

ADDITIONAL INSTRUCTIONS	SERVICE CHARGE

I hereby request the above described check(s) drawn on the account number listed not be paid and/or the instructions listed on this form be complied with. I acknowledge that the Bank may not stop the item and is not liable for such failure if this request is not received at such a time and in such a manner to afford the Bank with a reasonable opportunity to act on it before the Bank takes action or otherwise becomes liable on the check. This order is valid for 6 months and may be renewed for an additional 6 months by giving written notice to the Bank prior to expiration of the stop order.

CUSTOMER SIGNATURE	DAYTIME PHONE NO.
X	(305) 297-6755

CONFIRMATION OF VERBAL ON-US STOP PAYMENT/EXCEPTION ITEM REQUEST	
TAKEN ON 06/02/2005 TIME PLACED 10:56:57 AM	PLEASE SIGN AND RETURN THIS REQUEST WITHIN 14 DAYS FROM THE DATE ON THE LEFT. VERBAL STOP PAYMENT EXCEPTION ITEM REQUESTS BECOME INVALID IF NOT CONFIRMED WITHIN 14 CALENDAR DAYS.
A SERVICE CHARGE TO ORDER A STOP PAYMENT WILL BE ASSESSED TO YOUR ACCOUNT	

Fold Fold

REVOCATION

THIS STOP PAYMENT/EXCEPTIONS ITEM REQUEST IS HEREBY REVOKED

DATE

AUTHORIZED SIGNATURE (OR MEMO INDICATING LETTER ON FILE)

REVOCATION LETTER

BY WHOM RELEASED	

EMPLOYEE NAME	INITIATING F.C. #	F.C. PHONE #	TODAY'S DATE
NICOLE VALERE	1740	(305) 667-0148	06/02/2005

413 (11-98)

FC COPY

ATTACHMENT SOO5361J
P03000080495

JOSE A. ESCARDO, P.A.
743 NW 133RD AVE.
MIAMI, FL 33182-1805

63-8413/2670
0931225305

335

DATE 5/18/05

PAY TO THE ORDER OF DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE $ 150.00

ONE HUNDRED & FIFTY ——— DOLLARS

Washington Mutual

Washington Mutual Bank, FA
Miami/Town & Country Financial Center 1743
13995 Sherri Lane
Miami, FL 33183
1-800-788-7000
24 Hour Customer Service

NOTES RE: ANNUAL REPORT

Jose A. Escardo

⑈ 267084131 ⑆ 093122530 5 ⑈ 0335

6/2/05 — WENT TO BANK, CHECK NEVER CASHED. PUT STOP PAYMENT & RESENT IT.