2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P03000081512

Entity Name: ALLIETE ALFANO, SLP, P.A.

Current Principal Place of Business:

1228 BIRD ROAD
CORAL GABLES, FL 33146

New Principal Place of Business:

301 ALMERIA AVENUE
SUITE 350
CORAL GABLES, FL 33134

Current Mailing Address:

1228 BIRD ROAD
CORAL GABLES, FL 33146

New Mailing Address:

301 ALMERIA AVENUE
SUITE 350
CORAL GABLES, FL 33134

FEI Number: 20-0124906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENITEZ & ASSOCIATES, P.A.
2000 PONCE DE LEON BLVD.
6TH FLOOR
CORAL GABLES, FLORIDA, FL 33134 US

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: ALFANO, ALLIETE
Address: 1228 BIRD ROAD
City-St-Zip: CORAL GABLES, FL 33146

Title: VP ( ) Delete
Name: ALFANO, ALLIETE
Address: 1228 BIRD ROAD
City-St-Zip: CORAL GABLES, FL 33146

Title: SECR ( ) Delete
Name: ALFANO, ALLIETE
Address: 1228 BIRD ROAD
City-St-Zip: CORAL GABLES,, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALFANO, ALLIETE
Address: 301 ALMERIA AVENUE, SUITE 350
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change ( ) Addition
Name: ALFANO, ALLIETE
Address: 301 ALMERIA AVENUE, SUITE 350
City-St-Zip: CORAL GABLES, FL 33134

Title: SECR (X) Change ( ) Addition
Name: ALFANO, ALLIETE
Address: 301 ALMERIA AVENUE, SUITE 350
City-St-Zip: CORAL GABLES,, FL 33134

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: ALLIETE ALFANO P 04/28/2005

Electronic Signature of Signing Officer or Director — Date