

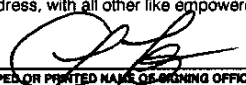


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90311 041 ***150.00

DOCUMENT # P03000114350 1. Entity Name DANIEL L. CAMPOS, P.A.					
Principal Place of Business 3500 CORAL WAY PH 108 MIAMI, FL 33145			Mailing Address 3500 CORAL WAY PH 108 MIAMI, FL 33145		
2. Principal Place of Business 2630 S.W 31ST Avenue Suite, Apt. #, etc. N/A		3. Mailing Address 2630 S.W 31ST Avenue Suite, Apt. #, etc. N/A			
City & State MIAMI, FLORIDA Zip 33133 Country U.S.A.		City & State MIAMI, FLORIDA Zip 33133 Country U.S.A.		4. FEI Number 04-3795806 <input checked="" type="checkbox"/> NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CAMPOS, DANIEL L 3500 CORAL WAY, PH 108 MIAMI, FL 33145			7. Name and Address of New Registered Agent Name CAMPOS, DANIEL L. Street Address (P.O. Box Number is Not Acceptable) 2630 S.W 31ST Avenue City MIAMI FL Zip Code 33133		
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  (NOTE: Registered Agent signature required when reinstating) 04/21/05 <small>Signature, typed or printed name of registered agent and title acceptable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPOS, DANIEL L 3500 CORAL WAY, PH 108 MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Campos, DANIEL L. 2630 S.W 31 ST Avenue MIAMI, FLORIDA 33133	<input checked="" 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			
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:  04/21/05 (786) 390-3521 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					