

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90122 035 ***150.00

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DOCUMENT # P03000140593 1. Entity Name THE MITCHELL LAW FIRM, P.A.					
Principal Place of Business 6529 NW 54TH CT. LAUDERHILL, FL 33319			Mailing Address 6529 NW 54TH CT. LAUDERHILL, FL 33319		
2. Principal Place of Business 4764-66 West Commercial Boulevard		3. Mailing Address (same as #2) 4764-66 West Commercial Boulevard			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Tamarac, FL		City & State Tamarac, FL		4. FEI Number 03-0531278	
Zip 33319		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITCHELL, JOE M III 6529 NW 54TH CT. LAUDERHILL, FL 33319			7. Name and Address of New Registered Agent Name: Mitchell, Joe M, III Street Address (P.O. Box Number is Not Acceptable): 4764-66 West Commercial Boulevard City: Tamarac FL Zip Code: 33319		
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)					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: PRES <input checked="" type="checkbox"/> Delete NAME: MITCHELL, JOE M III STREET ADDRESS: 6529 NW 54TH COURT CITY-ST-ZIP: LAUDERHILL, FL 33319			TITLE: PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Mitchell, Joe M III STREET ADDRESS: 4764-66 West Commercial Blvd. CITY-ST-ZIP: Tamarac, FL 33319		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP: 			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
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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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 5/2/05 Daytime Phone #					