

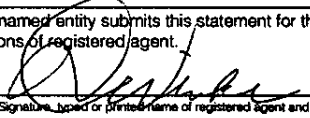
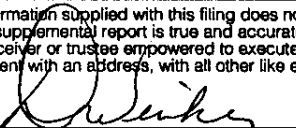


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90089 005 ***150.00

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| DOCUMENT # P03000143924 | | | |  | |
| 1. Entity Name DAVID J. WINKER, P.A. | | | | | |
| Principal Place of Business 999 PONCE DE LEON BLVD PENTHOUSE 1110 CORAL GABLES, FL 33134 | | | Mailing Address 999 PONCE DE LEON BLVD PENTHOUSE 1110 CORAL GABLES, FL 33134 | | |
| 2. Principal Place of Business 132 West Ave A Suite, Apt. #, etc. | | 3. Mailing Address 132 West Ave. A Suite, Apt. #, etc. | |  | |
| City & State Key Largo, FL | | City & State Key Largo, FL | | 4. FEI Number 83-0370476 | |
| Zip 33037 | | Country Monroe | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WINKER, DAVID J ESQ 999 PONCE DE LEON BLVD PENTHOUSE 1110 CORAL GABLES, FL 33134 | | | | 7. Name and Address of New Registered Agent Name: WINKER, DAVID J ESQ Street Address (P.O. Box Number is Not Acceptable): 132 West Ave. A City: Key Largo FL Zip Code: 33037 | |
| 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:  DATE: 4/13/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | | 9. Election Campaign Financing <input type="checkbox"/> \$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 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition WINKER, DAVID J ESQ 132 West Ave. A Key Largo, FL 33037 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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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:  DAVID J WINKER, ESQ 4/13/04 305 453 5346 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |