
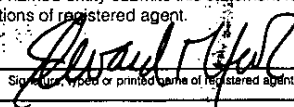
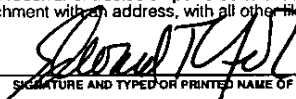


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90067 045 ***150.00

DOCUMENT # P04000054529 1. Entity Name EDWARD T. YEVOLI, P.A.																					
Principal Place of Business 4040 SHERIDAN ST HOLLYWOOD, FL 33021		Mailing Address 4040 SHERIDAN ST HOLLYWOOD, FL 33021																			
2. Principal Place of Business 1500 NORTH FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE 250		3. Mailing Address 1500 NORTH FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE 250																			
City & State FORT LAUDERDALE, FL		City & State FORT LAUDERDALE, FL																			
Zip 33304	Country VS	Zip 33304	Country VS																		
4. FEI Number 20-0954067		Applied For <input type="checkbox"/> Not Applicable																			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																			
6. Name and Address of Current Registered Agent YEVOLI, EDWARD T ESQ. 4040 SHERIDAN ST HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name YEVOLI, EDWARD T ESQ. Street Address (P.O. Box Number is Not Acceptable) 1500 NORTH FEDERAL HIGHWAY SUITE 250 City FORT LAUDERDALE FL Zip Code 33304																			
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 3/15/05 <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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:80%;">NAME</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">CITY - ST - ZIP</td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY - ST - ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:80%;">NAME</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td colspan="3">STREET ADDRESS</td> </tr> <tr> <td colspan="3">CITY - ST - ZIP</td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	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:  Edward T Yevoli, President 3/15/05 954-566-7117 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																					

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03052005 Chg-P CR2E034 (10/03)