## 2005 FOR PROFIT CORPORATION ANNUAL PEPORT

## **DOCUMENT # P04000055259**



## **FILED** Apr 20, 2005 8:00 am Secretary of State 04-20-2005 90332 023 \*\*\*150.00

WILLIAM		NNEDY, INC.				V . 2	.0 2003 7033	2 025 13 0.00	
Principal Place of Business 3747 CHASE AVE MIAMI BEACH, FL 33140			Mailing Address .3747 CHASE AVE MIAMI BEACH, FL 33140			E (BBIIRO) MI O		500398	28
2. Principal Place of Business 3			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04132005	Chg-P	CR2E034 (10/03)	
City & State			City & State		-	3. FEI Number	9407	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	pplied Foot
Zip	937		Zip `	Country			Status Desired	□ \$8.75 Ac Fee Require	
	6. Name a	nd Address of Current	Registered Agent	Name		7. Name and A	Address of New I	Registered Agent	<del></del>
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145					Street Address (P.O. Box Number is Not Acceptable)				
								FL Zip Co	de
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 Fiorida. I am familiar with, and acc the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
						.00 May Be ed to Fees	<del>-</del> ·		
10.	T	OFFICERS AND		11.		ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTOR	
NAME STREET ADDRESS CITY-ST-ZIP	PTD KENNEDY, 3747 CHAS MIAMI BEA		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KENNEDY, 3747 CHAS MIAMI BEA	•	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	∏ Ad
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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 informati 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 as officer or direct 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: