


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # P0400065619	
1. Entity Name JAMAL WILSON, P.A.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7627 Colonial Court		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State	
Zip 33615	Country United States	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 201028868	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name SPIEGEL & UTRERA, P.A.	
	Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22 Street, 4th Floor	
	City Miami	Zip Code FL 33145

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. SPIEGEL & UTRERA, P.A.		
SIGNATURE	By: <i>Natalia Utrera</i> Natalia Utrera, Vice President	4-11-06 DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Jamal Wilson 7627 Colonial Court Tampa, Florida 33615	TITLE 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 on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Jamal Wilson</i> Jamal Wilson, President	4-10-06 Date

CR2E034B (12/02)

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**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

STATE OF FLORIDA)
)
COUNTY OF HILLSBOROUGH)

1. Jamal Wilson is the President of JAMAL WILSON, P.A., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on 16 September 2005.
3. That the Corporation failed to file its 2005, 2006 Annual Report or pay the 2005, 2006 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2005, 2006 Annual Report fees and the filing of its 2005, 2006 Annual Reports, which are presented simultaneously with this Affidavit.
5. JAMAL WILSON, P.A. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 28 day of MARCH, 2006

FURTHER, AFFIANT SAYETH NOT

JAMAL WILSON, P.A.

By: *J. Wilson*
Jamal Wilson, President



SWORN AND SUBSCRIBED
before me this 28 day of MARCH, 2006

Mary Jo Leviski
Notary Public, State of Florida at Large
Printed Name: MARY JO LEVISKI
Commission Expires: 5.23.09