

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000094500

FILED
Jul 19, 2005
Secretary of State

Entity Name: PAUL BLAIR, P.A.

Current Principal Place of Business:

640 N.E. 149TH ST.
MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

640 N.E. 149TH ST.
MIAMI, FL 33161

New Mailing Address:

FEI Number: 20-1278984

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, MORRIE I
2450 HOLLYWOOD BLVD., SUITE 100
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BLAIR, PAUL PRES
Address: 7002 N.W. 40TH PLACE
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S () Delete
Name: DOUGLAS, DOREEN SEC
Address: 640 NE 149 ST
City-St-Zip: N. MIAMI, FL 33161

Title: D () Delete
Name: MONROE, LEANDRA DIR
Address: 640 NE 149 ST
City-St-Zip: N. MIAMI, FL

Title: T () Delete
Name: TOMLINSON, ARLENE TRES
Address: 640 NE 149 ST
City-St-Zip: N. MIAMI, FL

Title: D () Delete
Name: WRIGHT, DALE DIR
Address: 640 NE 149 ST
City-St-Zip: N. MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLAIR, PAUL PRES
Address: 640 NE 149 ST
City-St-Zip: N. MIAMI, FL 33161

Title: VP/T (X) Change () Addition
Name: DUNCAN, MARILYN VP/TRES
Address: 640 NE 149 ST
City-St-Zip: N. MIAMI, FL 33161

Title: S (X) Change () Addition
Name: DOUGLAS, DOREEN SEC
Address: 640 NE 149 ST
City-St-Zip: N. MIAMI, FL

Title: D (X) Change () Addition
Name: MONROE, LEANDRA DIR
Address: 640 NE 149 ST
City-St-Zip: N. MIAMI, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL BLAIR

PRES

07/19/2005

Electronic Signature of Signing Officer or Director

Date