


2005 FOR PROFIT CORPORATION ANNUAL REPORT

182

DOCUMENT # P04000112260		
1. Entity Name DADE TRAFFIC TICKETS, P.A.		

FILED
05 OCT -6 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1840 W 49TH STREET SUITE 400 220-1 HIALEAH, FL 33012	Mailing Address 1840 W 49TH STREET SUITE 100 220-1 HIALEAH, FL 33012
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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09122005 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HERNANDEZ, ALEXANDER 1840 W 49TH STREET SUITE 100 HIALEAH, FL 33012	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, ALEXANDER 1840 W 49TH STREET SUITE 400-220-1 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200060310152 10/06/05--01063--021 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COREY, JOSEPH 1840 W 49TH STREET SUITE 100 220-1 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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: _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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ps 2002

September 12, 2005

Uniform Business Report
Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Dade Traffic Tickets, P.A.
Document # P04000112260

To Whom It May Concern:

Please be advised that my client (Corporation mentioned above) did not receive their UBR form for 2005.

We are requesting that you waive the late fees and accept the enclosed UBR form along with a check in the amount of \$150, to cover the initial renewal charges. Please send all correspondence to 1840 W. 49th St., Suite # 220-1, Hialeah, Florida 33012. Please note that the address change is reflected on the UBR form. Also, please change my client's status from Administratively Dissolved to Active as soon as possible.

If you have any questions, please feel free to contact me at my office number listed below.

Sincerely,

Raul Ricardo, C.P.A., P.A.
Lic. # AC0013416