2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000118143

Title:

Name:

Address:

City-St-Zip:

Entity Name: ALBAREDA, ROSSO, MALUJE, & NIES, P.A.

FILED May 03, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
12585 NE 7TH AVENUE NORTH MIAMI, FL 33161				2455 E. SUNRISE BLVD. SUITE 813 FORT LAUDERDALE, FL 33304			
Current Mailing Address:				New Mailing Address:			
12585 NE 7TH AVENUE NORTH MIAMI, FL 33161				2455 E. SUNRISE BLVD. SUITE 813 FORT LAUDERDALE, FL 33304			
FEI Number:	: 20-1495333	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
ALBAREDA, ADELAIDA A ESQ. 12585 NE 7TH AVENUE NORTH MIAMI, FL 33161 US				ALBAREDA, ADELAIDA A ESQ. 2455 E. SUNRISE BLVD. SUITE 813 FORT LAUDERDALE, FL 33304 US			
	named entity s e of Florida.	ubmits this statement for the pu	ırpose o	f changing it	ts registered	office or registered agent, or both,	
SIGNATURE:				05/03/2005			
Electronic Signature of Registered Agent				Date			
Election Car		6(2)(b), F.S., the corporation did not Trust Fund Contribution (). 「ORS:	receive t	•		S TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () ALBAREDA, AEI 12585 NE 7TH A NORTH MIAMI, I	VENUE		Title: Name: Address: City-St-Zip:	ALBAREDA, A 2455 E. SUNF	X) Change ()Addition AELAIDA A ESQ. RISE BLVD., SUITE 813 RDALE, FL 33304	
Title: Name: Address: City-St-Zip:	D () MALUJE, C. CAI 12585 NE 7TH A NORTH MIAMI, I	VENUE		Title: Name: Address: City-St-Zip:	MALUJE, C. C 2455 E. SUNF	X) Change () Addition CAROLINA ESQ. RISE BLVD., SUITE 813 RDALE, FL 33304	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	ROSSO, SCC 2455 E. SUNF) Change (X) Addition DTT M ESQ. RISE BLVD., SUITE 813 RDALE, FL 33304	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ADELAIDA A. ALBAREDA, ESQ. D 05/03/2005

() Delete

() Change (X) Addition

2455 E. SUNRISE BLVD., SUITE 813

FORT LAUDERDALE, FL 33304

NIES, TIMOTHY C ESQ.