


2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000128960		
1. Entity Name ELIAS LEVY, P.A.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 12 AM 10:43

03/14/05 90091 017 150⁰⁰

Principal Place of Business C/O JOSEPH PATERNOSTRO 901 NE 125TH STREET #101 NORTH MIAMI, FL 33161	Mailing Address C/O JOSEPH PATERNOSTRO 901 NE 125TH STREET #101 NORTH MIAMI, FL 33161
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08052005 Chg-P CR2E034 (10/03)

4. FEI Number 55-0882034	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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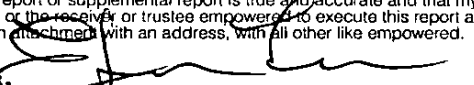
6. Name and Address of Current Registered Agent JOSEPH PATERNOSTRO ACCOUNTING SERVICES INC 901 NE 125TH STREET SUITE 101 NORTH MIAMI, FL 33161	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, ELIAS 901 NE 125TH STREET #101 NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: 8/5/05 Daytime Phone #: 305-845-7355

Joseph Paternostro Accounting Services, Inc.

901 NE 125th Street, Suite 101

North Miami, FL 33161

Office (305) 895-7355 Cell (305) 606-0935 Fax (305) 893-9696

June 18, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Elias Levy, P.A.
Federal I.D. # 55-0882034

To whom it may concern:

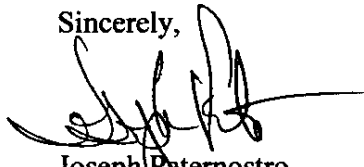
Reference is made to my telephone conversation with your representative who informed me that we are to send a second copy of the annual report to you. This is due to the fact the post office never delivered the Annual Report which needed corrections. We have added the corrections needed which was the above federal I.D. number.

Please note a check for the annual fee was cashed by the Florida dept. of revenue.

Would you please resolve this situation as soon as possible.

Please accept our thanks for your cooperation on the above.

Sincerely,



Joseph Paternostro
Accountant

cc:Elias Levy P.A.