2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # P04000130423** 01-14-2005 90017 041 ***150.00 1. Entity Name SUSÁNA BRAUN, PA Principal Place of Business Mailing Address **200 GALEN DRIVE 200 GALEN DRIVE** 40000960 204 KEY BISCAYNE, FL. 33149 KEY BISCAYNE, FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 20-1639632 Not Applicable Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name SUSANA BRAUN Street Address (P.O. Box Number is Not Acceptable) 200 GALEN DRIVE KEY BISCAYNE, FL 33149 FI 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 signaline required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 🗌 Delete TITLE Chance Addition BRAUN, SUSANA HALSE NAME STREET ADDRESS 200 GALEN DRIVE STREET ADDRESS KEY BISCAYNE, FL 33149 GHY-ST-ZIP COY-ST-ZIP TITLE Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-7/P TITLE ☐ Delete me ☐ Charice Addition NAME NEAST STREET ACCRESS STREET ADDRESS COY-ST-2P CITY-ST-ZIP TITLE ☐ Delete THE Charge ☐ Addition NAME NARIT STREET ADDRESS STREET ADDRESS City-St-7/P City-ST-7IP ☐ Change THE ☐ Qe:ea TELLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP C!!Y-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Rorida 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.

FILED

Jan 14, 2005 8:00 am