



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90341 047 ***158.75

DOCUMENT # P04000159431					
1. Entity Name JAMES JENNINGS, P.A.					
Principal Place of Business 6011 N BAYSHORE DR #9 MIAMI, FL 33137			Mailing Address 6011 N BAYSHORE DR #9 MIAMI, FL 33137		
2. Principal Place of Business 2010 BISCAYNE BLVD Suite, Apt. #, etc.		3. Mailing Address 2001 Biscayne Blvd Suite, Apt. #, etc. #2501			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 20-2024240	
Zip 33137		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENNINGS, JAMES 6011 N BAYSHORE DR #9 MIAMI, FL 33137			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: <u>James Jennings, Director</u> DATE: <u>4/14/05</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: D NAME: JENNINGS, JAMES <input type="checkbox"/> Delete STREET ADDRESS: 6011 N BAYSHORE DR #9 CITY-ST-ZIP: MIAMI, FL 33137			TITLE: JAMES JENNINGS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: JAMES JENNINGS STREET ADDRESS: 2001 Biscayne Blvd., #2501 CITY-ST-ZIP: MIAMI, FL 33137		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
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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: <u>James Jennings</u> DATE: <u>4/14/05</u> 305-788-8202 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					