


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90005 039 ***150.00

DOCUMENT # P92000000059 1. Entity Name ADAMS, QUINTON & PARETTI, P.A.	
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Principal Place of Business 80 S.W. 8 STREET SUITE 2150 MIAMI, FL 33130 US	Mailing Address 80 S.W. 8 STREET SUITE 2150 MIAMI, FL 33130 US
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50001774



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0364307	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 QUINTON, A. EDWARD III 80 S.W. 8 STREET, SUITE 2150 MIAMI, FL 33130
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUINTON, A EDWARD III 80 SW 8TH ST SUITE 2150 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ADAMS, JAMES D 80 S.W. 8 STREET, SUITE 2150 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARETTI, KENNETH L 80 SW 8 ST SUITE 2150 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 	1/10/05 305.358.2727
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>