


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000000059**  
 1. Entity Name  
**ADAMS, QUINTON & PARETTI, P.A.**



<b>Principal Place of Business</b> 80 S.W. 8 STREET SUITE 2150 MIAMI, FL 33130 US	<b>Mailing Address</b> 80 S.W. 8 STREET SUITE 2150 MIAMI, FL 33130 US
--	--



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0364307**  Applied For  Not Applied  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**  
 QUINTON, A. EDWARD III  
 80 S.W. 8 STREET, SUITE 2150  
 MIAMI, FL 33130

**DO NOT WRITE IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

1100000387301  
 01/19/06-80034-010 150.00

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **1/12/06** **305-358-272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #