


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-01-2005 90015 013 ***150.00

DOCUMENT # P93000019963 1. Entity Name GREGORY A. MOORE, P.A.																			
Principal Place of Business 15225 NW 77TH AVE., 1ST FL MIAMI LAKES, FL 33014 US		Mailing Address 15225 NW 77TH AVE., 1ST FL MIAMI LAKES, FL 33014 US																	
2. Principal Place of Business 15485 Eagle Nest Lane Suite, Apt. #, etc. Suite 150 City & State Miami Lakes, Fla. Zip 33014 Country USA		3. Mailing Address 15485 Eagle Nest Lane Suite, Apt. #, etc. Suite 150 City & State Miami Lakes, Fla. Zip 33014 Country USA																	
4. FEI Number 65-0396981		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent MOORE, GREGORY A 15225 NW 77TH AVE., 1ST FL MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15485 Eagle Nest Lane Suite 150 City Miami Lakes FL Zip Code 33014																	
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><i>[Signature]</i></u> 4-14-05 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered agent signature required when re-registering)</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">P <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MOORE, GREGORY A</td> </tr> <tr> <td>STREET ADDRESS</td> <td>15225 NW 77TH AVE., 1ST FL</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI LAKES, FL 33014</td> </tr> </table>		TITLE	P <input type="checkbox"/> Delete	NAME	MOORE, GREGORY A	STREET ADDRESS	15225 NW 77TH AVE., 1ST FL	CITY-ST-ZIP	MIAMI LAKES, FL 33014	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>15485 Eagle Nest Lane, Suite 150</td> </tr> <tr> <td>STREET ADDRESS</td> <td>Miami Lakes, FL 33014</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME	15485 Eagle Nest Lane, Suite 150	STREET ADDRESS	Miami Lakes, FL 33014	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><i>[Signature]</i></u> 4-14-05 (305) 557-3161 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																			