

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 29, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P93000061301**

**1. Entity Name  
THE ADVOCATE GROUP, INC.**



**Principal Place of Business  
SUITE 200  
315 SE 7TH STREET  
FORT LAUDERDALE, FL 33301**

**Mailing Address  
SUITE 200  
315 SE 7TH STREET  
FORT LAUDERDALE, FL 33301**



**04082005 No Chg-P CR2E034 (10/03)**

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number 65-0433851</b>	<b>Applied For Not Applicable</b>
<b>5. Certificate of Status Desired <input type="checkbox"/></b>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**LASHBROOK, PAUL N  
315 SOUTHEAST 7TH ST  
SUITE 200  
FORT LAUDERDALE, FL 33301**

**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** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**000000344358  
04/29/05-80134-004 150.00**

**10. OFFICERS AND DIRECTORS**

<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>D GREEN, JAY B 315 SE 7TH ST., SUITE 200 FT. LAUDERDALE, FL 33301</b>
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<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>D LASHBROOK, PAUL N 315 SE 7TH ST., SUITE 200 FT. LAUDERDALE, FL 33301</b>
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<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	<b>D CLONEY, CHRISTOPHER C 315 SE 7TH ST., SUITE 200 FT. LAUDERDALE, FL 33301</b>
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<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
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<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
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<b>TITLE NAME STREET ADDRESS CITY-ST-ZIP</b>	
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**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 an other person empowered.**

**SIGNATURE:** **CHRISTOPHER C. CLONEY** **4-25-05** **954-525-2121**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #