2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000015360

Entity Name: LAURA M. FABAR, P.A.

FILED Apr 14, 2005 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

999 PONCE DE LEON BLVD., STE. 565

MIAMI, FL 331343037 US

Current Mailing Address: New Mailing Address:

999 PONCE DE LEON BLVD., STE. 565 MIAMI, FL 331343037 US

FEI Number: 65-0482937 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FABAR, LAURA M

FABAR, LAURA M 999 PONCE DE LEON BLVD., STE. 565 999 PONCE DE LEON BLVD., STE. 565

MIAMI, FL 33134 MIAMI, FL 331343037 US

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.

SIGNATURE: LAURA M. FABAR 04/14/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

FABAR, LAURA M Name: Name: FABAR, LAURA M

999 PONCE DE LEON BLVD., STE. 565 Address: 999 PONCE DE LEON BLVD., STE 565 Address:

City-St-Zip: MIAMI, FL 331343037 City-St-Zip: MIAMI, FL 331343037

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA M. FABAR PD 04/14/2005