



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90157 047 ***150.00

DOCUMENT # P94000050468					
1. Entity Name J. EVERETT WILSON, P.A.					
Principal Place of Business 2151 LEJEUNE RD MEZZANINE CORAL GABLES, FL 33134 US			Mailing Address 2151 LEJEUNE RD MEZZANINE CORAL GABLES, FL 33134 US		
2. Principal Place of Business 201 S. BISCAYNE BLVD		3. Mailing Address 201 S. BISCAYNE BLVD.		14002904 	
Suite, Apt. #, etc. SUITE 1500		Suite, Apt. #, etc. SUITE 1500		01172005 Chg-P CR2E034 (10/03)	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0493680	
Zip 33131		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, J. EVERETT 2151 LEJEUNE RD MEZZANINE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name <u>WILSON, J. EVERETT</u> Street Address (P.O. Box Number is Not Acceptable) <u>201 S. BISCAYNE BLVD.</u> <u>SUITE 1500</u> City <u>MIAMI</u> <u>FL</u> Zip Code <u>33131</u>		
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>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/25/05</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, J. EVERETT 2151 LEJEUNE RD, MEZZANINE CORAL GABLES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, J. EVERETT 201 S. BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>[Signature]</u>			Date <u>4/25/05</u> (305) 347-7352		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					