



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90035 007 ***150.00

DOCUMENT # P95000000697					
1. Entity Name RON A. ADAMS, P.A.					
Principal Place of Business 200 S. BISCAYNE BLVD. STE 4000 MIAMI, FL 33131			Mailing Address 200 S. BISCAYNE BLVD. STE 4000 MIAMI, FL 33131		
2. Principal Place of Business 203 S.W. 13 th Street Suite, Apt. #, etc.		3. Mailing Address 203 S.W. 13 th Street Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		03282005 Chg-P CR2E034 (10/03)	
Zip Country 33130-4219 USA		Zip Country 33130-4219 USA		4. FEI Number 65-0545742	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ADAMS, RON A 200 S. BISCAYNE BLVD. STE 400 MIAMI, FL 33131-2398			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 203 S.W. 13 th Street City State Zip Code Miami FL 33130-4219		
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>Ron A. Adams</u> President, Reg. Agent DATE: <u>March 28, 2005</u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ADAMS, RON A 200 S BISCAYNE BLVD STE 4000 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	203 S.W. 13 th Street Miami, FL 33130-4219
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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>Ron A. Adams</u> President			DATE: <u>March 28, 2005</u> 305.858.2400		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		