2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jan 07, 2005 8:00 am
Secretary of State
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01042005 Chg-P CR2E034 (10/03)

DOCUMENT # P95000006309

1. Entity Name
ADAMS & ADAMS, P.A.

Principal Place of Business	Mailing Address
2701 PONCE DE LEON BLVD. STE. 302 CORAL GABLES, FL 33134	2701 PONCE DE LEON BLVD. STE. 302 CORAL GABLES, FL 33134

2. Principal Place of Business	3. Mailing Address
540 Biltmore Way	540 Biltmore Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables FL
Zip: 33134 Country: US	Zip: 33134 Country: US

4. FEI Number: 65-0553328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, JOHN C ESQ.
2701 PONCE DE LEON BLVD. STE. 302
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: JOHN C ADAMS, ESQ
Street Address (P.O. Box Number is Not Acceptable): 540 Biltmore Way
City: Coral Gables FL Zip Code: 33134

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] 1/5/05
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD ADAMS, JOHN C. 2701 PONCE DE LEON BLVD STE 202 CORAL GABLES, FL	☐ Delete	JOHN C. ADAMS 540 Biltmore Way CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ADAMS, SUSAN S 2701 PONCE DE LEON BLVD., #302 CORAL GABLES, FL 33134	☐ Delete	SUSAN S. ADAMS 540 Biltmore Way CORAL GABLES, FL 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ 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: [signature] 1/5/05 305 448-9022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN C. ADAMS Date Daytime Phone #