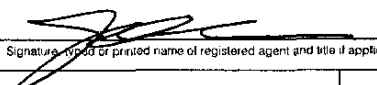
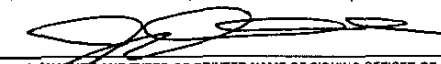


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90002 006 ***150.00

DOCUMENT # P95000006309 1. Entity Name ADAMS & ADAMS, P.A.			
Principal Place of Business 2701 PONCE DE LEON BLVD. STE. 302 CORAL GABLES, FL 33134		Mailing Address 2701 PONCE DE LEON BLVD. STE. 302 CORAL GABLES, FL 33134	
2. Principal Place of Business 540 BILTMORE WAY Suite, Apt. #, etc.		3. Mailing Address 540 BILTMORE WAY Suite, Apt. #, etc.	
City & State CORAL GABLES, FL		City & State CORAL GABLES FL	
Zip 33134	Country U.S.	Zip 33134	Country U.S.
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  (NOTE: Registered Agent signature required when reinstating) DATE 1/5/05			
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN C. ADAMS ☒ Change ☐ Addition 540 BILTMORE WAY CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ADAMS, SUSAN S 2701 PONCE DE LEON BLVD., #302 CORAL GABLES, FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUSAN S. ADAMS ☒ Change ☐ Addition 540 BILTMORE WAY CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 		Date 1/5/05 305 448-9022	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN C. ADAMS		Daytime Phone #	

50000371



01042005 Chg-P CR2E034 (10/03)