


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90006 014 ***150.00

DOCUMENT # P95000012653	
1. Entity Name LAW OFFICES WILLIAMS & ASSOCIATES, P.A.	

Principal Place of Business 80 S.W. EIGHTH STREET SUITE 2805 MIAMI, FL 33130 US	Mailing Address 80 S.W. EIGHTH STREET SUITE 2805 MIAMI, FL 33130 US
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40015037

2. Principal Place of Business 8653 NE Miami Ct Suite, Apt. #, etc.	3. Mailing Address P.O. Box 010432 Suite, Apt. #, etc.
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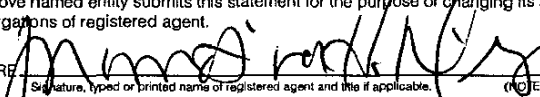
01262005 Chg-P CR2E034 (10/03)

City & State El Portal, FL 33138	City & State Miami, FL 33101-0432
Zip 33138	Zip 33101-0432
Country USA	Country USA

4. FEI Number 65-0555955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

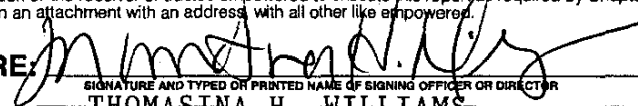
6. Name and Address of Current Registered Agent WILLIAMS, THOMASINA H 80 SW 8TH STREET SUITE 2805 MIAMI, FL 33130	
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7. Name and Address of New Registered Agent Name Williams, Thomasina H. Street Address (P.O. Box Number is Not Acceptable) 8653 NE Miami Ct City El Portal FL Zip Code 33138	
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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 	DATE 2/1/05

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, THOMASINA H 80 S.W. EIGHTH STREET, SUITE 2805 MIAMI, FL 33130 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Williams, Thomasina H. 8653 NE Miami Ct El Portal, FL 33138 <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
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
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  THOMASINA H. WILLIAMS	Date 2/1/05 305/379-6676 Daytime Phone #