2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State
03-10-2005 90160 039 ***150.00

DOCUMENT # P96000019221

1. Entity Name
PEDRO E. DIJOLS, P.A.

Principal Place of Business
409 SOUTHEAST 7TH STREET
FT LAUDERDALE, FL 33301-3103

Mailing Address
409 SOUTHEAST 7TH STREET
FT LAUDERDALE, FL 33301-3103

50024512

2. Principal Place of Business	3. Mailing Address
500 SE 6th ST	500 SE 6th ST
Suite, Apt. #, etc. SUITE 101	Suite, Apt. #, etc. SUITE 101
City & State FT LAUDERDALE FL	City & State FT LAUDERDALE FL
Zip 33301 Country BROWARD	Zip 33301 Country BROWARD

01052005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0651193 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
DIJOLS, PEDRO E
409 SOUTHEAST 7TH STREET
FT. LAUDERDALE, FL 33301-3103

7. Name and Address of New Registered Agent
Name DIJOLS, PEDRO E
Street Address (P.O. Box Number is Not Acceptable) 500 SE 6th ST
SUITE 101
City FT LAUDERDALE FL Zip Code 33301

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 X [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

DEPT OF STATE
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	P	☒ Delete	TITLE	P	☐ Change ☒ Addition
NAME	DIJOLS, PEDRO E		NAME	PEDRO E DIJOLS	
STREET ADDRESS	409 S E 7TH STREET		STREET ADDRESS	500 SE 6th ST STE 101	
CITY-ST-ZIP	FT. LAUDERDALE, FL 333013103		CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] 3/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #