


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000036571	
1. Entity Name PAYER & TWOMBLY, P.A.	

Principal Place of Business 1999 SW 27 AVE 2ND FLOOR MIAMI, FL 33145	Mailing Address 9533 BAY DRIVE SURFSIDE, FL 33154 US
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02232005 No Chg-P CR2E034 (10/03)

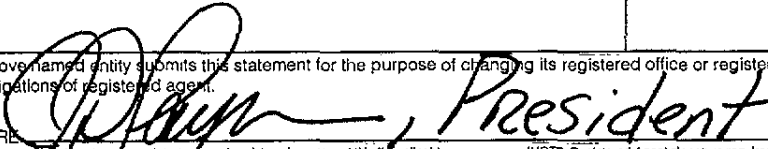
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4. FEI Number 65-0669073	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PAYER, JAMES D 9533 BAY DRIVE SURFSIDE, FL 33154	
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IN THIS SPACE**

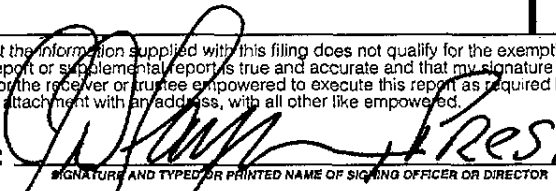
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  President	DATE 2/23/05

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAYER, JAMES D 9533 BAY DRIVE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TWOMBLY, ROBERT Y 9441 BAY DRIVE SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/26/05-80025-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  Pres.	DATE 2/23/05 305-854-4442