


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90012 024 ***150.00

DOCUMENT # P96000054522			
1. Entity Name MICHAEL ANTHONY REMY, P.A.			
Principal Place of Business 2121 POMCE DE LEON BLVD STE 550 CORAL GABLES, FL 33134		Mailing Address 2121 POMCE DE LEON BLVD STE 550 CORAL GABLES, FL 33134	
2. Principal Place of Business <i>2121 Ponce De Leon Blvd.</i>		3. Mailing Address <i>2121 Ponce De Leon Blvd.</i>	
Suite, Apt. #, etc. <i>Suite 550</i>		Suite, Apt. #, etc. <i>Suite 550</i>	
City & State <i>Coral Gables, FL</i>		City & State <i>Coral Gables, FL</i>	
Zip <i>33134</i>		Zip <i>33134</i>	
Country <i>USA</i>		Country <i>USA</i>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REMY, MICHAEL A ESQ. 2121 PONCE DE LEON BLVD STE 550 CORAL GABLES, FL 33134		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
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.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REMY, MICHAEL A ESQ. 2121 PONCE DE LEON BLVD., #550 CORAL GABLES, FL 33134 <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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01072005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0677309

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FL Zip Code

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.