


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90047 025 ***150.00

DOCUMENT # P96000103151 1. Entity Name MANUEL L. CRESPO, ATTORNEY AT LAW, P.A.																																																	
Principal Place of Business 2701 PONCE DE LEON BLVD. SUITE 302 CORAL GABLES, FL 33134			Mailing Address 2701 PONCE DE LEON BLVD. SUITE 302 CORAL GABLES, FL 33134																																														
2. Principal Place of Business 10765 S. W. 104th St.		3. Mailing Address 10765 S. W. 104th St.																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																															
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-0723767																																													
Zip 33176		Country Miami-Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																													
6. Name and Address of Current Registered Agent RAMIREZ, GRACE 2701 PONCE DE LEON BLVD. SUITE 302 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 10765 S. W. 104th St. City Miami FL Zip Code 33176																																															
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) Signature, typed or printed name of registered agent and title if applicable.																																																	
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																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PVST CRESPO, MANUEL L <input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 25%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 10765 S. W. 104th St. Miami, FL 33176 </td> </tr> <tr> <td>NAME</td> <td>CRESPO, MANUEL L <input type="checkbox"/> Delete</td> <td>NAME</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP 10765 S. W. 104th St. Miami, FL 33176 </td> </tr> <tr> <td>STREET ADDRESS</td> <td>2701 PONCE DE LEON BLVD., #302</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	PVST CRESPO, MANUEL L <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 10765 S. W. 104th St. Miami, FL 33176	NAME	CRESPO, MANUEL L <input type="checkbox"/> Delete	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP 10765 S. W. 104th St. Miami, FL 33176	STREET ADDRESS	2701 PONCE DE LEON BLVD., #302	STREET ADDRESS		CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP																									
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																	
Date _____ Daytime Phone # _____																																																	