
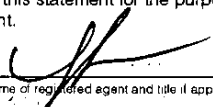
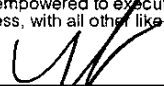


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90216 010 ***150.00

DOCUMENT # P97000038259 1. Entity Name LAW OFFICES OF WILLIAM F. SOUZA, P.A.																															
Principal Place of Business 1125 NE 125TH STREET 302 NORTH MIAMI, FL 33161 US		Mailing Address 1125 NE 125TH STREET 302 NORTH MIAMI FL 33161 US																													
2. Principal Place of Business 155 N.W. 167th ST. Suite, Apt. #, etc. Penthouse		3. Mailing Address 155 N.W. 167th ST Suite, Apt. #, etc. Penthouse																													
City & State NORTH MIAMI BEACH		City & State NORTH MIAMI BEACH																													
Zip 33169		Zip 33169																													
Country 		Country 																													
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132		7. Name and Address of New Registered Agent Name William Souza Street Address (P.O. Box Number is Not Acceptable) 155 N.W. 167th ST. Penthouse City NORTH MIAMI BEACH FL Zip Code 33169																													
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) DATE 2-18-05																															
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">D</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SOUZA, WILLIAM F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13010 KEYSTONE TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH MIAMI FL 33181</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	SOUZA, WILLIAM F		STREET ADDRESS	13010 KEYSTONE TERRACE		CITY-ST-ZIP	NORTH MIAMI FL 33181		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;"></td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Change</td> <td style="width:10%; text-align: center;"><input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	NAME				STREET ADDRESS				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: 		DATE 2-18-05 305 405 0078																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone																													

30019681



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0752880** Applied For ☐ Not Applicable ☐

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