

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90313 008 \*\*\*150.00

<b>DOCUMENT # P97000040340</b> 1. Entity Name HOWARD S. BROOKS, P.A.																													
Principal Place of Business 1000 PONCE DE LEON BLVD., SUITE 111 CORAL GABLES, FL 33134			Mailing Address 1000 PONCE DE LEON BLVD., SUITE 111 CORAL GABLES, FL 33134																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip	Country	Zip	Country	4. FEI Number 65-0750092																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent LAWRENCE, DAVID R 1975 EAST SUNRISE BLVD SUITE 603 FORT LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name DAVID R. LAWRENCE Street Address (P.O. Box Number is Not Acceptable) 10947 NW 80 MANOR City PARKLAND FL Zip Code 33076																									
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: <u>David Lawrence</u> DATE: <u>4-12-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																										
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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: <u>Howard S. Brooks</u> <u>HOWARD S. BROOKS</u> <u>4/13/05</u> <u>(305) 444-4684</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													