
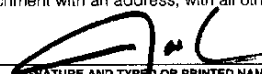


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
 05 APR 25 AM 11:37  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # P97000086430</b>						
1. Entity Name <b>JOSEPH P. KLOCK, JR., P.A.</b>						
Principal Place of Business 200 SOUTH BISCAYNE BLVD. 41ST FLOOR MIAMI, FL 33131-2398			Mailing Address 200 SOUTH BISCAYNE BLVD. 41ST FLOOR MIAMI, FL 33131-2398			
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State		4. FEI Number <b>65-0786961</b>		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
KLOCK, JOSEPH P JR. 200 SOUTH BISCAYNE BLVD. 41ST FLOOR MIAMI, FL 33131-2398			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
			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 _____						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLOCK, JOSEPH P JR. 200 SOUTH BISCAYNE BLVD. 41ST FLOOR MIAMI, FL 331312398 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800053935 P98 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/06/05--01010--021 **150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DECARAN-VOIGT, GABRIEL F 200 S BISCAYNE BLVD, 41ST FLOOR MIAMI, FL 331312398 <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	ST OVIEDO, LUIS F 200 S BISCAYNE BLVD 41ST FLOOR MIAMI, FL 33131 <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			
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			
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			
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: 		01.26.05		305.577.2877		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #		
<b>Joseph P. Klock, Jr.</b>						