


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90251 023 ***150.00

DOCUMENT # P98000077098			
1. Entity Name WARREN E. STOLLER, P.A.			
Principal Place of Business 4485 STIRLING ROAD SUITE 109 FORT LAUDERDALE FL 33314		Mailing Address 4485 STIRLING ROAD SUITE 109 FORT LAUDERDALE FL 33314	
2. Principal Place of Business 1320 N. Federal Hwy		3. Mailing Address 1320 N. Federal Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood FL		City & State Hollywood, FL	
Zip 33020	Country Broward	Zip 33020	Country Broward
4. FEI Number 65-0863102		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STOLLER, WARREN E 4485 STIRLING ROAD SUITE 109 FORT LAUDERDALE FL 33314		7. Name and Address of New Registered Agent Name STOLLER, WARREN E. Street Address (P.O. Box Number is Not Acceptable) 1320 N. Federal Hwy City Hollywood FL 33020	
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>Warren E. Stoller</u> Warren E. Stoller, President 4/22/05 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOLLER, WARREN E 4485 STIRLING ROAD, STE. 109 FORT LAUDERDALE FL 33314 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOLLER, WARREN E. 1320 N. Federal Highway Hollywood, FL 33020 <input checked="" 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
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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: Warren E. Stoller **Warren E. Stoller, President** **4/22/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #