2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2005 08:00 AM Secretary of State

	- WHITOME I	<u> </u>		· · · · · · ·	~ ′		
DOCUMENT # P99000018239 1. Entity Name ELIOT CORVIN, P.A.				Secretary of State			
Principal Place of Busine 1885 HIDDEN TRL LAN WESTON, FL 33329		Mailing Address 1885 HIDDEN TRL LANE WESTON, FL 33329					in:
		IN THIS SPA	CE	01112005 4. FEI Numbe 65-090	No Chg-P	CR2E034 (10/03) Applied Not App \$8.75 Additional Fee Required	For olicable
6. Nan	e and Address of Current Re	istered Agent	775	•		•	
CORVIN, ELIOT 1885 HIDDEN TRL LANE WESTON, FL 33327			DO NOT WRITE IN THIS SPACE				
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	ed or printed name of registered agent and	itle it applicable (NOTE Registere	ed Agent signature requires	d when reinstating)		DATE	- بغي
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Bo led to Fees			
10.	OFFICERS AND DIF	RECTORS					-
NAME CORVING STREET ADDRESS 1885 HIS CITY-ST-ZIP WESTO			U00000202324 01/28/05-80102-025 150.	10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-SY-ZIP				IN T	THIS SF	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u></u>				
TITLE NAME STREET ADDRESS							

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05 305 949-589