

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020531

FILED  
Apr 14, 2005  
Secretary of State

**Entity Name:** THE LAW OFFICE OF R. MICHAEL LARRINAGA, P.A.

**Current Principal Place of Business:**

5025 E FOWLER AVE, STE 14  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

5025 E FOWLER AVE, STE 14  
TAMPA, FL 33617

**New Mailing Address:**

**FEI Number:** 59-3561417

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LARRINAGA, R. MICHAEL  
5025 E FOWLER AVE, STE 14  
TAMPA, FL 33617 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LARRINAGA, R. MICHAEL  
Address: 5000 GULF BLVD, #703  
City-St-Zip: ST PETE BEACH, FL 33706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. MICHAEL LARRINAGA

D

04/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date