

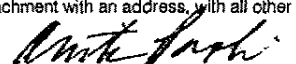


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000023933		
1. Entity Name THE LAW OFFICES OF AUGUST C. PAOLI, P.A.		
Principal Place of Business 1720 HARRISON ST., STE. #6 C-W HOLLYWOOD, FL 33020-6829		Mailing Address 1720 HARRISON ST., STE. #6 C-W HOLLYWOOD, FL 33020-6829
DO NOT WRITE IN THIS SPACE		
		 04052005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0902619		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent PAOLI, ANITA ESQ 1720 HARRISON ST., STE. #6 C-W HOLLYWOOD, FL 33020-6829		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 _____ <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		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		1000000302950 04/13/05-80092-005 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAOLI, AUGUST C ESQ 1720 HARRISON ST., STE. #6 C-W HOLLYWOOD, FL 330206829	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD PAOLI, ANITA ESQ 1720 HARRISON ST., STE. #6 C-W HOLLYWOOD, FL 330206829	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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: 		4/6/05 Date Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		