2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000027414

1. Entity Name
JAMES W. SHINDELL, P.A.

Principal Place of Business	Mailing Address
200 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131	200 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

03082005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0905121	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SHINDELL, JAMES W
200 SOUTH BISCAYNE BLVD., SUITE 2500
MIAMI, FL 33131-2336

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2005 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000296047 04/09/05-80053-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SHINDELL, JAMES W
STREET ADDRESS	2500 FIRST UNION FINANCIAL CENTER
CITY-ST-ZIP	MIAMI, FL 331312336

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
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CITY-ST-ZIP	

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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: _____ James W. Shindell   3/31/05   305-375-6141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #