

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000030278

1. Entity Name
PEDRO L. AMADOR, P.A.



Principal Place of Business
2203 N LOIS AVENUE
SUITE 925
TAMPA, FL 33607 US

Mailing Address
2203 N LOIS AVENUE
SUITE 925
TAMPA, FL 33607 US

**FILED
Mar 21, 2005 08:00 AM
Secretary of State**



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3577718	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMADOR, PEDRO L JR.
2203 N. LOIS AVENUE
SUITE 925
TAMPA, FL 33607

**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

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**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AMADOR, PEDRO L JR.
STREET ADDRESS 2203 N. LOIS AVENUE , ATE 925
CITY-ST-ZIP TAMPA, FL 33607

UD00000270421
03/21/05-80006-017 150.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pedro L. Amador Jr. 3/17/05

Date

Daytime Phone #