2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 12, 2004 08:00 AM Secretary of State DOCUMENT # S25757 1. Entity Name AMY MCGROTTY, P.A. Principal Place of Business Mailing Address 17021 NE 6TH AVE 17021 NE 6TH AVE NORTH MIAMI BEACH, FL 33162 US NORTH MIAMI BEACH, FL 33162 01052004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0236217 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCGROTTY, AMY DO NOT WRITE 17021 NE 6TH AVE NORTH MIAMI BEACH, FL 33162 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, typett or printed name of registered agent and little if applicable (NOTE Registered Agents algueture required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MCGROTTY, AMY NAME 17021 NE 6TH AVE STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL U00000003253 01/13/04-80048-002 150.00 7)7LE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 7171E NAME

12. I nereby 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 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 engaged effect 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 additional other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP 78T8 ₽ NAME STREET ADDRESS CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR

FILED