

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90017 016 ***150.00

DOCUMENT # S47511

1. Entity Name
ANGONES, HUNTER, MCCLURE, LYNCH, WILLIAMS & GARCIA, P.A.



Principal Place of Business
**66 WEST FLAGLER STREET
NINTH FLOOR
MIAMI, FL 33130**

Mailing Address
**66 WEST FLAGLER STREET
NINTH FLOOR
MIAMI, FL 33130**

50001035



2. Principal Place of Business

44 WEST FLAGLER ST.

Suite, Apt. #, etc.

8th FLOOR

City & State

MIAMI FL

Zip
33130

Country

3. Mailing Address

44 WEST FLAGLER ST

Suite, Apt. #, etc.

8th FLOOR

City & State

MIAMI FL

Zip
33130

Country

01052005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0255214

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCLURE, JOHN
66 WEST FLAGLER STREET
NINTH FLOOR
MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

44 WEST FLAGLER ST, 8th FLOOR

City

MIAMI

FL

Zip Code

33130

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

N/A

N/A

N/A

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
MCCLURE, JOHN
66 WEST FLAGLER STREET
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**44 WEST FLAGLER ST, 8th FLOOR
MIAMI FL 33130** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
HUNTER, STEVEN K.
66 WEST FLAGLER STREET
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
LYNCH, CHRISTOPHER
66 WEST FLAGLER ST
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
WILLIAMS, STEWART D.
66 WEST FLAGLER STREET
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
ANGONES, FRANCISCO R
66 WEST FLAGLER STREET
MIAMI, FL 33130** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**44 WEST FLAGLER ST, 8th FLOOR
MIAMI FL 33130** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
GARCIA, LEOPOLDO
66 WEST FLAGLER STREET
MIAMI, FL 33130** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**44 WEST FLAGLER ST, 8th FLOOR
MIAMI FL 33130** ☐ Change ☐ Addition

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

**JOHN MCCLURE
PRESIDENT**

Date

1/6/05 305 3715000

Daytime Phone #