


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90077 035 ***150.00

DOCUMENT # V69353 1. Entity Name LOUISA SMITH-ADAM, P.A.					
Principal Place of Business 11317 EAST TEACH ROAD PALM BEACH GARDENS, FL 33410-3437 261 SEMINOLE AVE Palm Beach, FL 33480-3734		Mailing Address 11317 EAST TEACH ROAD PALM BEACH GARDENS, FL 33410-3437 261 SE P.B. Fla. 33480-3734			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052005 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 65-0361856	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH-ADAM, LOUISA 11317 EAST TEACH ROAD PALM BEACH GARDENS, FL 33410-3437 261 SEMINOLE AVE Palm Beach FL 33480-3734				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Louisa Smith-Adam</i></u> DATE <u>4.5.05</u> <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.</small>					
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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST SMITH-ADAM, LOUISA 11317 EAST TEACH RD PALM BEACH GARDENS, FL 33410-3437 261 SEMINOLE AVE 33480-3734			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH-ADAM, LOUISA 11317 EAST TEACH RD PALM BEACH GARDENS, FL 33410-3437 261 SEMINOLE AVE 33480-3734			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	33480-3734			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Louisa Smith-Adam</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4.05.05</u> Daytime Phone # <u>832.2404</u>	