2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 495948

1. Entity Name FORD, DEAN & MALLARD, P.A.



FILED Feb 12, 2007 08:00 A Secretary of State

Principal Place of Business

9130 S. DADELAND BLVD. TWO DATRAN CENTER, PENTHOUSE 1-C MIAMILE 1 33156 IS Mailing Address

9130 S. DADELAND BLVD. TWO DATRAN CENTER, PENTHOUSE 1-C MIAMI FL 33156 US

MIAMI, FL 33156 US MIAMI, FL 33156 US								
DO NOT WRITE IN THIS SPAC				02082007 4. FEI Numb 59-165 5. Certificate	No Chg-P	CR2E034 (11/05) Applied For Not Applied by \$8.75 Additional Fee Regulied		
6. Name and Address of Current Registered Agent						1 00 110 421111		
FORD, T. PATRICK, JR. 9130 S DADELAND BLVD PENTHOUSE 1-C MIAMI, FL 33156				DO NOT WRITE IN THIS SPACE				
the obligat	named entity submits this statement for the p tions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	th, in the State of Flo	rida. I am familiar with, and accept		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent agniture required when rematating)					DATE			
FILE NOWIL FEE IS \$450.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			icing	\$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS								
NAME STREET ADDRESS CITY-ST-ZIP	PD FORD, T. PATRICK, JR. 9510 S.W. 136 ST. MIAMI, FL. 33176				HUUUUUES	1540		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					02/20/07-80	1540 051-011 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ROMATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

ForD, Dr. 2.7.07

305-670-2000