

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAR -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 511577

1. Entity Name
PROFESSIONAL MANAGEMENT, INC.



Principal Place of Business
9095 GALLOWAY RD., #777
MIAMI, FL 33176

Mailing Address
9095 GALLOWAY RD., #777
MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE



03102008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1725802

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, SYRIE
9095 GALLOWAY RD., #777
MIAMI, FL 33176

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MITCHELL, JAMES R 9095 GALLOWAY RD., #777 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ORTIZ, SYRIE 9095 GALLOWAY RD., #777 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T YOLANDA LOPEZ 9095 SW 87TH AVE #777 MIAMI, FL 33176
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Mitchell 3/10/08
305-270-0870