


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008 8:00 am
Secretary of State

08-13-2008 90003 033 ***150.00

DOCUMENT # 590013
 1. Entity Name
STUART J. WITTEN AND ASSOCIATES, INC.




Principal Place of Business Mailing Address
7624 SW 146TH CT MIAMI, FL 33183 **7624 SW 146TH CT MIAMI, FL 33183**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
8000 SW 117 Ave PH-A **8000 SW 117 Ave PH-A**

City & State Zip Country City & State Zip Country
MIAMI FL 33183 USA **MIAMI FL 33183 USA**

6. Name and Address of Current Registered Agent
WITTEN, STUART
7624 SW 146TH CT
MIAMI, FL 33183

40113401



08072008 Chg-P CR2E034 (12/06)
 4. FEI Number Applied For
59-1862675 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
 Name: **STUART WITTEN**
 Street Address (P.O. Box Number is Not Acceptable): **8000 SW 117 Ave**
PH-A
 City: **MIAMI** FL Zip Code: **33183**

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: *Stuart Witten* DATE: **8/8/08**

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WITTEN, STUART J. 7624 SW 146TH CT MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8000 SW 117 Ave PH-A MIAMI FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WITTEN, LEON 7624 SW 146TH CT MIAMI, FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Stuart Witten* DATE: **8/8/08** Daytime Phone #: **305-970-4981**