


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90021 001 ***150.00

DOCUMENT # 604170
 1. Entity Name
 JOHN R. FARRELL, P.A.



Principal Place of Business
 2825 S. MIAMI AVENUE
 MIAMI, FL 33129

Mailing Address
 2825 S. MIAMI AVENUE
 MIAMI, FL 33129

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 303 N. Highland Dr
 Suite, Apt. #, etc.

City & State
 Hollywood FL

Zip Country
 33021 US

6. Name and Address of Current Registered Agent

FARRELL, JOHN R.
 2825 S. MIAMI AVENUE
 MIAMI, FL 33129

40012008



01132008 Chg-P CR2E034 (12/06)

4. FEI Number
 59-1444888

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
 PAMELA H. LAZAR

Street Address (P.O. Box Number is Not Acceptable)
 303 N. Highland DR

City
 Hollywood FL

Zip Code
 33021

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 *Pamela H. Lazar* PAMELA H. LAZAR 1/24/08

Signature (typed or printed name of registered agent and type if applicable) (NOTE: Registered Agent's signature requires: when handling) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FARRELL, JOHN R. 2825 S. MIAMI AVENUE MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZAR, PAMELA H. TEE 303 N Highland Drive HOLLYWOOD FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Pamela H. Lazar* PAMELA H. LAZAR 1/24/08 305-349-7311

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #