

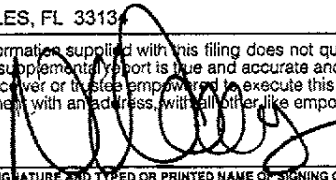


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G57185</b>		
1. Entity Name FALK, WAAS, HERNANDEZ, CORTINA, SOLOMON & BONNER, P.A.		
Principal Place of Business 113 ALMERIA AVE CORAL GABLES, FL 33134	Mailing Address 113 ALMERIA AVE CORAL GABLES, FL 33134	
<b>DO NOT WRITE IN THIS SPACE</b>		
		
		01112007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2361828
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
FALK, GLENN P 113 ALMERIA AVENUE CORAL GABLES, FL 33134		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FALK, GLENN P 113 ALMERIA AVENUE CORAL GABLES, FL 33134	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WAAS, NORMAN M 113 ALMERIA AVENUE CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CORTINA, ARMANDO R 113 ALMERIA AVENUE CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, EDWARD D 113 ALMERIA AVENUE CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SOLOMON, SCOTT E 113 ALMERIA AVENUE CORAL GABLES, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BONNER, MICHAEL P 113 ALMERIA AVENUE CORAL GABLES, FL 33134	
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: 		1/24/2007 305-447-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #