


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # H73836 1. Entity Name LAW OFFICES OF MICHAEL SHANE, P.A. |  |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Principal Place of Business 9100 SOUTH DADELAND BLVD. PH 2, SUITE 1810 MIAMI, FL 33156 | Mailing Address 9100 SOUTH DADELAND BLVD. PH 2, SUITE 1810 MIAMI, FL 33156 |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-2567398 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**SHANE, MICHAEL
9100 SOUTH DADELAND BLVD.
PH 2, SUITE 1810
MIAMI, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|---------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SHANE, MICHAEL 9100 SOUTH DADELAND BLVD. PH 2, SUITE 1810 MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

U000000778299
01/10/08-80044-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Michael Shane **MICHAEL SHANE** JANUARY 7 2008 305 671 8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #