


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2008 8:00 am
Secretary of State

08-04-2008 90051 001 *1,108.75

DOCUMENT # P07000001389			
1. Entity Name ROBERT K. BURLINGTON, P.A.			
Principal Place of Business 2699 S BAYSHORE DRIVE PENTHOUSE MIAMI, FL 33133		Mailing Address 2699 S BAYSHORE DRIVE PENTHOUSE MIAMI, FL 33133	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 20-8135071	
Applied For <input type="checkbox"/> Not Applicable		Chg-P CR2E034 (12/06)	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHASE, ALAN R ESQUIRE 9400 S DADELAND BOULEVARD SUITE 600 MIAMI, FL 33156		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD BURLINGTON, ROBERT K ESQUIRE 2699 S BAYSHORE DRIVE, PENTHOUSE MIAMI, FL 33133 <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: <i>Robert Burlington</i>		Date: <i>7-8-08</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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