2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State
03-14-2008 90044 023 ***150.00

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1. Entity Name
KELLEY, KRONENBERG, GILMARTIN, FICHTEL & WANDER, P.A.

Principal Place of Business	Mailing Address
8201 PETERS ROAD SUITE 4000 FT. LAUDERDALE, FL 33324 US	8201 PETERS ROAD SUITE 4000 FT. LAUDERDALE, FL 33324 US

400430---

02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0378773
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KRONENBERG, STEVEN P
15600 NW 67TH AVE
MIAMI LAKES, FL 33014

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P
NAME	KRONENBERG, STEVEN P.
STREET ADDRESS	15600 NW 67TH AVE STE 204
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	T
NAME	FICHTEL, MICHAEL J
STREET ADDRESS	8201 PETERS ROAD, SUITE 4000
CITY-ST-ZIP	FORT LAUDERDALE, FL 33324
TITLE	VP
NAME	GILMARTIN, KAREN M
STREET ADDRESS	15600 NW 67 AVE STE 204
CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	S
NAME	WANDER, HOWARD L
STREET ADDRESS	~~1400 CENTRE PARK BLVD STE 200~~ 6803 Lake Worth Rd Ste 300
CITY-ST-ZIP	~~WEST PALM BEACH, FL 33401~~ GREENACRES FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ Exec. Director 3/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #