


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000044626**

1. Entity Name  
ALFRED R. CAMNER, PROFESSIONAL ASSOCIATION



Principal Place of Business 550 BILTMORE WAY SUITE 700 CORAL GABLES, FL 33134 US	Mailing Address 550 BILTMORE WAY SUITE 700 CORAL GABLES, FL 33134 US
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07092007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0419363	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAMNER, ERRIN E  
550 BILTMORE WAY  
SUITE 700  
CORAL GABLES, FL 33134



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.

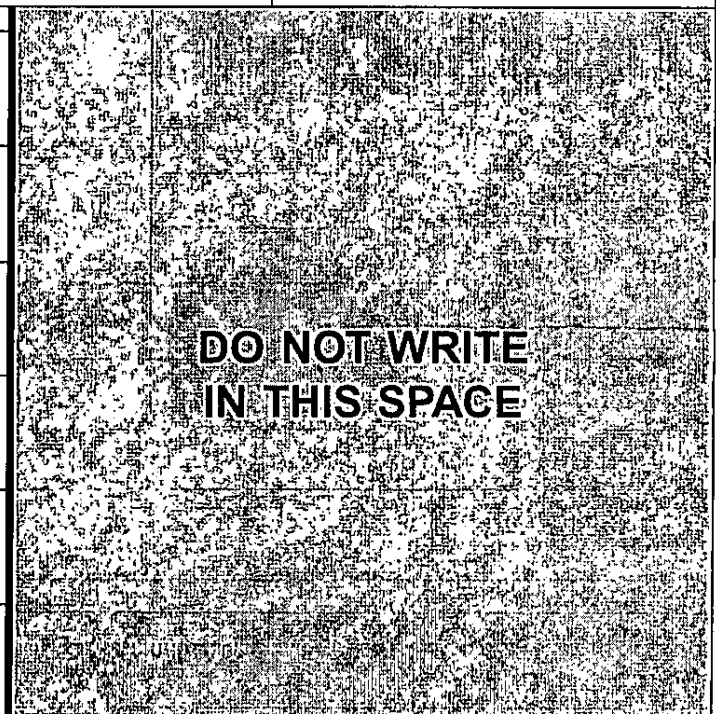
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000771738  
08/08/07-80006-011 558.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAMNER, ALFRED R 550 BILTMORE WAY, SUITE 700 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAMNER, ANNE SHARI 550 BILTMORE WAY, SUITE 700 CORAL GABLES, FL 33134
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_