2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000027392

1. Entity Name

ALBERT E. DOTSON, JR., P.A.



Principal Place of Business

200 S BISCAYNE BLVD

STE 2500 MIAMI, FL 33131-2336 Mailing Address

200 S BISCAYNE BLVD

STE 2500

MIAMI, FL 33131-2336

FILED Feb 19, 2007 8:00 am Secretary of State

02-19-2007 90050 036 ***150.00

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No Chg-P

CR2E034 (11/05)

FEI Number
 65-0821908

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

DOTSON, ALBERT E JR 200 SOUTH BISCAYNE BLVD SUITE 2500 MIAMI, FL 33131-2336

DO NOT WRITE IN THIS SPACE

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8. The above the obligat	named entity submits this statement for the ρ tions of registered agent.	urpose of changing its registered of	office or i	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE					
	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered Ag	ent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	g 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DOTSON, ALBERT E JR 200 S BISCAYNE BLVD STE 2500 MIAMI, FL 331312336				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE , NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE		" "			

12. Thereby 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 attackment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Albert F Dotson

2/2/0

<u>305-374-758(</u>

Daytime Phone #