2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# P98000103497

Entity Name: STOKES MCMILLAN MARACINI & ANTUNEZ, P.A.

Current Principal Place of Business:

1 SE THIRD AVENUE
SUITE 1750
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1 SE THIRD AVENUE
SUITE 1750
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0880605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOKES, PAUL M
1190 DOVE AVE.
MIAMI SPRINGS, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: STOKES, PAUL M
Address: 1190 DOVE AVE.
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: DST ( ) Delete
Name: MCMILLAN, JANE W
Address: 18900 S.W. 147 AVE.
City-St-Zip: MIAMI, FL 33187

Title: DV ( ) Delete
Name: MARACINI, MICHELE A
Address: 1230 NE 91 TERRACE
City-St-Zip: MIAMI, FL 33138

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV ( ) Change (X) Addition
Name: ANTUNEZ, JUAN C
Address: 1012 ALMERIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL M. STOKES DP 03/26/2009

Electronic Signature of Signing Officer or Director Date