## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 012157**

Entity Name: BUTLER BUCKLEY DEETS INC

FILED Mar 28, 2008 Secretary of State

	mer boreer	, DOCKELT, DELTO, 1140.		
Current Principal Place of Business:			New Principal Place of Business:	
6161 BLUI 420	E LAGOON DF	RIVE		
MIAMI, FL	33126 US			
Current Mailing Address:			New Mailing Address:	
6161 BLUE LAGOON DRIVE				
420 MIAMI, FL	33126 US			
FEI Number	: 59-0376610	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
6161 BLUI SUITE 420	II, RAYMOND E LAGOON DF ) 33126 US			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	VP ( BUTLER, RICH 530 SLIPPERY FT LAUDERDA	ROCK ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P ( BUTLER III,RA 9685 S.W. 99T MIAMI, FL 331	H ST.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S ( BUTLER, THOI 10121 SW 141 MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition
Title: Name: Address: City-St-Zip:	T ( DEETS, LAURI 1435 PALANCI CORAL GABLE	A AVE	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition
Title:	VP (	) Delete	Title:	( ) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LAURENCE A. DEETS TREA 03/28/2008

BUCKLEY, THOMAS W.

3505 TOLEDO STREET

City-St-Zip: CORAL GABLES, FL 33146

Name:

Address: