

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY -1 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # 101652</b> 1. Entity Name <b>CORPORATION COMPANY OF MIAMI</b>					
Principal Place of Business <b>201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI, FL 33131</b>			Mailing Address <b>201 S. BISCAYNE BLVD. 1600 MIAMI CENTER MIAMI, FL 33131</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number <b>20-2713868</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>KERLEY, RICHARD E 201 S. BISCAYNE BLVD. 1500 MIAMI CENTER MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MENOR, ARTHUR 250 AUSTRALIAN AVE S, SUITE 500 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SALAS, RAUL J 201 S BISCAYNE BLVD MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>800129231598</b> <b>05/14/08--01005--022 **150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V IGLESIAS, DANIA 201 S BISCAYNE BLVD MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLARD, JAMES G 300 S ORANGE AVE, SUITE 1000 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MURPHY, TIMOTHY J 201 S BISCAYNE BLVD MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUMPHRIES, J. GREGORY 300 S ORANGE AVE, SUITE 1000 ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <b>Timothy J. Murphy</b>			Date <b>4-29-08</b> Daytime Phone #		

KS

**2008 Annual Report for  
Corporation Company of Miami**

Officers/Directors

President:	Raul Salas
Vice President:	Timothy J. Murphy
Vice President:	James G. Willard
Vice President:	J. Gregory Humphries
Vice President:	James Farrell
Vice President/Treasurer:	Arthur Menor
Assistant Secretary:	Cavell J. Anderson
Assistant Secretary:	Cathy G. Zaccardo
Director:	Arthur J. Menor

The following address applies to all listed above.

201 South Biscayne Boulevard  
Suite 1500  
Miami, FL 33131

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