


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # 129561 1. Entity Name FIRST OF FLORIDA CORPORATION		
Principal Place of Business 100 SE 2 ST SUITE 2370 MIAMI, FL 33131 US	Mailing Address 100 SE 2 ST SUITE 2370 MIAMI, FL 33131 US	



01292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0242625	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLEN, JOELLE M
100 SE 2 ST
SUITE 2370
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

11000000895583
04/18/08-80020-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTM RICKARD, BARBARA A 100 SE 2ND ST STE 2370 MIAMI, FL 331312127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SACHER, CHARLES P 100 SE 2ND ST STE 2370 MIAMI, FL 331312127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REITER-FARAGALLI, ROBIN 100 SE 2ND ST STE 2370 MIAMI, FL 331312127
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IN THIS SPACE**

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: *Robin Ritter-Faragalli* **ROBIN REITER-FARAGALLI 3-10-08** **(305) 373-1386**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #