


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 257697**

1. Entry Name  
**SOUTH MIAMI CORPORATION**



Principal Place of Business 5750 SUNSET DRIVE P. O. BOX 1000 MIAMI, FL 33143	Mailing Address 5750 SUNSET DRIVE P. O. BOX 1000 MIAMI, FL 33143
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01242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-6054632</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

00000609602  
 02/01/07-80055-021 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SCRANTON, KENNETH E. 680 N LAKE SHORE DR CHICAGO, IL 60611
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST KRCH, C 680 N. LAKE SHORE CHICAGO, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD WIRTZ, WILLIAM W 680 N. LAKE SHORE DR. CHICAGO, ILL 00000,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROCKWELL, WIRTZ W 680 N. LAKE SHORE DR. CHICAGO, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST MOHLER, MAX 680 N. LAKE SHORE DR. CHICAGO, IL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HUNTER, DONALD 680 N. LAKE SHORE DR CHICAGO, IL 60611

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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] 1/24/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #