

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 324867

1. Entity Name
CUSHMAN & WAKEFIELD OF FLORIDA, INC.



Principal Office
133131 US

Mailing Address
1350 AVENUE OF THE AMERICAS
7TH FLOOR, TAX DEPT
NEW YORK, NY 10019-4707 US

FILED
May 01, 2007 08:00 AM
Secretary of State



04202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2653099	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** 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 _____

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSLER, BRUCE E 51 WEST 52ND STREET NEW YORK, NY 100196178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GCSD SINGLETON, KENNETH P. 51 WEST 52ND STREET NEW YORK, NY 100196178
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLERKIN, FRANCIS P. 1350 AVENUE OF THE AMERICAS NEW YORK, NY 100196178
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05/22/07-80010-016 150.00

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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 an officer or trustee empowered.

SIGNATURE: *AV*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2007

Date

012-713-6913

Daytime Phone #