

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # 565338**

1. Entity Name  
**KENNY NACHWALTER, P.A.**



Principal Place of Business  
**201 S BISCAYNE BLVD.  
1100 MIAMI CENTER  
MIAMI, FL 33131-4327 US**

Mailing Address  
**201 S BISCAYNE BLVD.  
1100 MIAMI CENTER  
MIAMI, FL 33131-4327 US**



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1796096**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**NACHWALTER, MICHAEL ESQ  
201 SO. BISCAYNE BLVD.  
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

000000867812

04/08/08-80082-021 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	EVP
NAME	ARNOLD, RICHARD A
STREET ADDRESS	201 SO. BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	D
NAME	NACHWALTER, MICHAEL
STREET ADDRESS	201 SO. BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	P
NAME	CRITCHLOW, RICHARD H
STREET ADDRESS	201 SO. BISCAYNE BLVD.
CITY - ST - ZIP	MIAMI, FL 33131
TITLE	D
NAME	BLECHMAN, WILLIAM J
STREET ADDRESS	201 S BISCAYNE BLVD #1100
CITY - ST - ZIP	MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Richard H. Critchlow, Pres.**

Date

**3/18/08**

Daytime Phone #