


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # 601041 1. Entity Name PODHURST ORSECK, P.A.	
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Principal Place of Business 25 W. FLAGLER ST #800 MIAMI, FL 33130	Mailing Address 25 W. FLAGLER ST #800 MIAMI, FL 33130
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01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1263738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DIAZ, VICTOR M JR. 25 W. FLAGLER STREET #800 MIAMI, FL 33130
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DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PODHURST, AARON S 25 W FLAGLER ST #800 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARKS, STEVE C 25 W FLAGLER ST #800 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EZELL, KATHERINE W 25 W. FLAGLER ST. #800 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOSEFBERG, ROBERT C 25 W FLAGLER STREET #800 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIAZ, VICTOR M JR 25 W FLAGLER STREET #800 MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EATON, JOEL D 25 W FLAGLER STREET #800 MIAMI, FL 33130

<p>U00000583436 01/11/07-80072-001 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: *Aaron Podhurst* **1/8/07 (305) 358-2800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #