


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90022 045 \*\*\*150.00

<b>DOCUMENT # 601179</b> 1. Entity Name O'CONNOR, CHIMPOULIS, RESTANI, MARRERO & MCALLISTER, P.A.	
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Principal Place of Business  
2801 PONCE DE LEON BLVD #900  
P O BOX 14-9022  
CORAL GABLES, FL 33114

Mailing Address  
595 NE 92 ST  
MIAMI SHORES, FL 33138

40044406



**DO NOT WRITE IN THIS SPACE**

02212007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1285268	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**

O'CONNOR, KEVIN P  
595 NE 92 ST  
MIAMI SHORES, FL 33138

**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 reappointing)

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	PD O'CONNOR, KEVIN P. 1520 NE 103RD ST MIAMI SHORES, FL 33138
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 118, 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 its predecessor or trustee empowered to execute this report as required by Chapter 807, 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

Date

Daytime Phone #

*Kevin O'Connor* Kevin O'Connor 2/24/07 786 835-6000