

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90090 028 ***150.00

DOCUMENT # 601564
 1. Entity Name
 PETERS, MAXEY, SHORT & MAXEY, P.A.



Principal Place of Business: 3001 PONCE DE LEON BLVD., SUITE #200 CORAL GABLES, FL 33134
 Mailing Address: 3001 PONCE DE LEON BLVD., SUITE #200 CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

6. Name and Address of Current Registered Agent
 MAXEY, TOM
 3001 PONCE DE LEON BLVD
 CORAL GABLES, FL 33134

4. FEI Number: 59-1274047
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required



01152007 Chg-P CR2E034 (12/06)

7. Name and Address of New Registered Agent
 Name: Gene Short
 Street Address (P.O. Box Number is Not Acceptable): 3001 Ponce de Leon Blvd.
 Suite 200
 City: Coral Gables FL Zip Code: 33134

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: *Gene Short*
 Signature, typed or printed name of registered agent and title if applicable: Gene Short, PD
 (NOTE: Registered Agent signature required when reinstating.)
 DATE: 1/19/07

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VSD NAME: MAXEY, WIRT T STREET ADDRESS: 3001 PONCE DE LEON BLVD CITY-ST-ZIP: CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MAXEY, THOMAS J. STREET ADDRESS: 3001 PONCE DE LEON BLVD CITY-ST-ZIP: CORAL GABLES, FL	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: MAXEY, WIRT T STREET ADDRESS: 3001 PONCE DE LEON BLVD CITY-ST-ZIP: CORAL GABLES, FL 00000,	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: SHORT, EUGENE M JR. STREET ADDRESS: 3001 PONCE DE LEON BLVD. CITY-ST-ZIP: CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Wirt T. Maxey* 1/17/07 (305) 446-7666
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: WIRT T. MAXEY, VSD
 Date: 1/17/07 Daytime Phone #: (305) 446-7666