

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90006 014 ***150.00

DOCUMENT # 638015

1. Entity Name

CONSUELO T. STEWART P.A.



Principal Place of Business

8209 LOS PINOS CIRCLE
CORAL GABLES FL 33143

Mailing Address

8209 LOS PINOS CIRCLE
CORAL GABLES FL 33143



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number

59-1946188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, ROBERT W P.A.
1395 BRICKELL AVENUE
STE 650
MIAMI FL 33131

Name

STEWART, ROBERT W P.A.

Street Address (P.O. Box Number is Not Acceptable)

18001 Old Cutler Road

Suite 600

City

Miami

FL

Zip Code

33157

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

Robert W. Stewart, ROBERT W. STEWART, PRES

2.7.08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when not applicable)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME STEWART, CONSUELO T.
STREET ADDRESS 8209 LOS PINOS CIRCLE
CITY-ST-ZIP CORAL GABLES FL

TITLE S ☐ Delete
NAME STEWART, ROBERT
STREET ADDRESS 999 BRICKELL AVE. STE 1006
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Consuelo T. Stewart* CONSUELO T STEWART, PRES, 2.7.08 305 666 0562

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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