


**'2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Apr 24, 2007 08:00 AM  
Secretary of State**

DOCUMENT # 660512  
1. Entity Name  
WHITE & BROWN, PROFESSIONAL ASSOCIATION



Principal Place of Business      Mailing Address  
7450 SW 131 STREET      PO BOX 560945  
MIAMI, FL 33156 US      MIAMI, FL 33256-0945 US

**DO NOT WRITE IN THIS SPACE**



01272007    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-1957180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
BROWN, B MACKAY  
7450 SW 131 STREET  
MIAMI, FL 33156

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      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 BROWN, B. MACKAY 7450 SW 131 STREET MIAMI, FL 33156
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05/04/07-80062-013 150.00

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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: *[Signature]* PRESIDENT      4/15/07      305-259-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #