


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90051 032 ***150.00

DOCUMENT # 665553 1. Entity Name BOYCE F. EZELL, III, P.A.																													
Principal Place of Business 2333 PONCE DE LEON BOULEVARD 303 CORAL GABLES, FL 33134 US			Mailing Address 2333 PONCE DE LEON BOULEVARD 303 CORAL GABLES, FL 33134 US																										
2. Principal Place of Business - No P.O. Box # 201 ALHAMBRA CIRCLE Suite, Apt. #, etc. SUITE 711		3. Mailing Address 201 ALHAMBRA CIRCLE Suite, Apt. #, etc. SUITE 711																											
City & State CORAL GABLES, FL		City & State CORAL GABLES		4. FEI Number 59-1983454																									
Zip 33134		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent EZELL, BOYCE F III 2333 PONCE DE LEON BOULEVARD 303 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name EZELL, BOYCE F III Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE, SUITE 711 City CORAL GABLES FL 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:  1/15/2007 <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small>																													
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																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>EZELL, BOYCE F III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2333 PONCE DE LEON BOULEVARD #303</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	EZELL, BOYCE F III		STREET ADDRESS	2333 PONCE DE LEON BOULEVARD #303		CITY-ST-ZIP	CORAL GABLES, FL 33134		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>EZELL, BOYCE F III</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>201 ALHAMBRA CIRCLE, STE. 711</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	EZELL, BOYCE F III		STREET ADDRESS	201 ALHAMBRA CIRCLE, STE. 711		CITY-ST-ZIP	CORAL GABLES, FL 33134	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> BOYCE F. EZELL, III			1/15/2007 305 856-6660 <small>Date Daytime Phone #</small>																										