2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 08:00 A Secretary of State

ANNUAL REPORT				-	, AP	~	007 00.
1. Entity Nam	MENT # F040000 R. FAYHEE, P.C.)3792		Secretary of S			
	e of Business ONROE STREET 60606-5096	Mailing Address 227 WEST MONROE STREET CHICAGO, IL 60606-5096	- CONTRACTOR OF THE PARTY OF TH	1	. 1840 8184 1840 1866 18)) 	1 1444 114501 11 111
D	O NOT WRIT	CE	04032007 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent COLEMAN, IRA J 201 S. BISCAYNE BLVD., 22ND FLOOR MIAMI, FL 33131-4336			,		NOT W		
	named entity submits this statementions of registered agent. Signature, typed or printed name of registered agent.	t for the purpose of changing its register pert and title if applicable (NOTE: Registers	ed office or register		th, in the State of FI	orida. I am familia	ar with, and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$55	9. Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees			
10. TITLE MAME STREET ADDRESS CITY-ST-ZIP ITTLE MAME STREET ADDRESS CITY-ST-ZIP	CPST FAYHEE, MICHAEL R	ND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP			-	IN '	NOT W THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			-		U008	00731641	017 150.00

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 attacking a with all other like empowered.

11/1/4

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF NIGHING OFFICER OR DIRECTOR

Daylime Phone #