
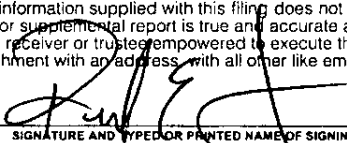


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90011 003 ***150.00

DOCUMENT # F50038					
1. Entity Name STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A.					
Principal Place of Business C/O ALLISON W. MILLER 150 WEST FLAGLER ST MIAMI, FL 33130			Mailing Address C/O ALLISON W. MILLER 150 WEST FLAGLER ST MIAMI, FL 33130		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2126062	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STEARNS, EUGENE E 150 WEST FLAGLER ST MUSEUM TOWER MIAMI, FL 33130				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, ALISON W 150 WEST FLAGLER ST MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEARNS, EUGENE E 150 WEST FLAGLER ST MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISSLER, ROBERT I 150 WEST FLAGLER ST. MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RICHARD E. SCHATZ 150 WEST FLAGLER STREET MIAMI, FL 33130 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SITTERSON, CURTIS H 150 WEST FLAGLER ST. MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALHADEFF, RICHARD E 150 WEST FLAGLER STREET MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BRIAN J. MCDONOUGH 150 WEST FLAGLER STREET MIAMI, FL 33130 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, RONALD L 401 EAST JACKSON ST. TAMPA, FL 33602	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

60019581



02222007 Chg-P CR2E034 (12/06)

FL Zip Code

305-789-3200
Daytime Phone #

ATTACHMENT

160019581
#FS0038

**STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON P.A.
ADDITIONAL DIRECTORS AND OFFICERS
DOCUMENT NO. F50038**

DV

Shapiro, Jay B.
150 West Flagler Street
Miami, Florida 33130

D

Fein, Alan H.
150 West Flagler Street
Miami, Florida 33130

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Menendez, Frank J.
150 West Flagler Street
Miami, Florida 33130

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Dixon, Sharon Q.
150 West Flagler Street
Miami, Florida 33130

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Lundeen, Joy S.
150 West Flagler Street
Miami, Florida 33130

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Kofman, Robert T.
150 West Flagler Street
Miami, Florida 33130

D

Woods, Martin B.
201 E. Broward Boulevard
Ft. Lauderdale, Florida 33301

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Moorefield, Harold D.
150 West Flagler Street
Miami, Florida 33130

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Pollack, David C.
150 West Flagler Street
Miami, Florida 33130

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Solov, Mark D.
150 West Flagler Street
Miami, Florida 33130

D

Bennett, Susan F.
401 East Jackson Street
Tampa, Florida 33602

D


Keyes, Michael I.
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Miami, Florida 33130

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Desiderio, Peter L.
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City & State		City & State		4. FEI Number 59-2126062	
Zip		Country		02222007 Chg-P CR2E034 (12/06)	
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Name				Applied For	
Street Address (P.O. Box Number is Not Acceptable)				Not Applicable	
City				FL Zip Code	
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SIGNATURE: _____ <i>[Signature]</i> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # 305-789-3200					

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