


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90292 038 \*\*\*150.00

**DOCUMENT # F62735**

1. Entity Name  
 THORNTON, DAVIS & FEIN, P.A.



Principal Place of Business  
 BRICKELL BAYVIEW CENTRE  
 80 SW 8TH STREET, SUITE 2900  
 MIAMI, FL 33130 US

Mailing Address  
 BRICKELL BAYVIEW CENTRE  
 80 SW 8TH STREET, SUITE 2900  
 MIAMI, FL 33130 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

03142006 Chg-P CR2E034 (11/05)

4. FEI Number  
 59-2147846

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent

DAVIS, BARRY L  
 80 SW 8TH STREET  
 SUITE 2900  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	LEID, PATRICIA A	
STREET ADDRESS	80 SW 8TH STREET	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIS, BARRY L	
STREET ADDRESS	80 S.W. 8TH STREET, SUITE 2900	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THORNTON, THOMPSON J	
STREET ADDRESS	80 S.W. 8TH STREET, SUITE 2900	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FEIN, FREDERICK J	
STREET ADDRESS	80 S.W. 8TH STREET, SUITE 2900	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	V	<input type="checkbox"/> Delete
NAME	HARVEY, HOLLY S	
STREET ADDRESS	80 S.W. 8TH STREET, SUITE 2900	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOHM, MARK D	
STREET ADDRESS	80 S.W. 8TH STREET, SUITE 2900	
CITY-ST-ZIP	MIAMI, FL 33130	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 04-07-06  
 (305) 446-2646

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