


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 59-2147846	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title (Applicable). (NOTE: Registered Agent signature required when rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000798822
01/30/08-80044-014 160.00 ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **1-24-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR