


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # G32451</b>   |  |
| 1. Entity Name<br><b>LAW OFFICES OF RICHARD E. DOHERTY, P.A.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>28 WEST FLAGLER STREET<br/>1100<br/>MIAMI, FL 33130 US</b> | Mailing Address<br><b>28 WEST FLAGLER STREET<br/>1100<br/>MIAMI, FL 33130 US</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)


|   |  |
|---|--|
| 4. FEI Number<br><b>59-2274440</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

**DOHERTY, RICHARD E  
28 WEST FLAGLER STREET  
SUITE 1100  
MIAMI, FL 33130**

**DO NOT WRITE IN THIS SPACE**

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  DATE **1-8-08**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating).

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

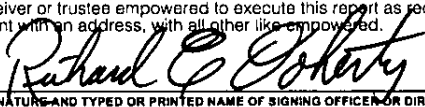
10. OFFICERS AND DIRECTORS

|   |                                   |
|---|-----------------------------------|
| TITLE<br><b>DP</b>                                    | NAME<br><b>DOHERTY, RICHARD E</b> |
| STREET ADDRESS<br><b>28 WEST FLAGLER STREET #1100</b> |                                   |
| CITY-ST-ZIP<br><b>MIAMI, FL</b>                       |                                   |
| TITLE   |                                   |
| NAME  |                                   |
| STREET ADDRESS  |                                   |
| CITY-ST-ZIP   |                                   |
| TITLE   |                                   |
| NAME  |                                   |
| STREET ADDRESS  |                                   |
| CITY-ST-ZIP   |                                   |
| TITLE   |                                   |
| NAME  |                                   |
| STREET ADDRESS  |                                   |
| CITY-ST-ZIP   |                                   |

**DO NOT WRITE IN THIS SPACE**

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01/11/08-80037-019 150.00

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 attachment with an address, with all other like empowered.

SIGNATURE:  DATE **1-8-08** DAYTIME PHONE # **(305) 371-4402**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR