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02-07-2008 90014 024 ***150.00
J64632

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 22 AM 10: 55

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J64632

1. Entity Name
MICHAEL KRISSEL, C.P.A., P.A.

Principal Place of Business	Mailing Address
12350 SW 132ND COURT 215 MIAMI, FL 33186	12350 SW 132ND COURT 215 MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
201 Alhambra Circle	201 Alhambra Circle
Suite, Apt. #, etc. Suite 501	Suite, Apt. #, etc. Suite 501
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip 33134 Country USA	Zip 33134 Country USA

02052008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2780631 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MICHELSON, MARK 6000 SW 78TH STREET MIAMI, FL 33143	Name Michelson, Mark 201 Alhambra Circle City Coral Gables FL Zip Code 33134

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PD KRISSEL, MICHAEL 12350 SW 132ND COURT MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Krissel, Michael 201 Alhambra Circle Suite 501 Coral Gables, FL 33134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition B 4/22/08

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] 2/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael Krissel.