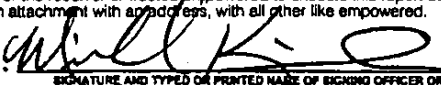


2008 FOR PROFIT CORPORATION ANNUAL REPORT

02-07-2008 90014-024 ***150:00
J64632

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 22 AM 10:55

DOCUMENT # J64632			
1. Entity Name MICHAEL KRISSEL, C.P.A., P.A.			
Principal Place of Business 12350 SW 132ND COURT 215 MIAMI, FL 33186		Mailing Address 12350 SW 132ND COURT 215 MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box # 201 Alhambra Circle		3. Mailing Address 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
4. FEI Number 59-2780631		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		02052008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent MICHELSON, MARK 6000 SW 78TH STREET MIAMI, FL 33143		7. Name and Address of New Registered Agent Name Michelson, Mark 201 Alhambra Circle City Coral Gables XFLX Zip Co 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 file if applicable. (NOTE: Registered Agent signature required when registering) 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
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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.		B 4/22/08	
SIGNATURE: 		2/5/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael Krissel.			