## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # J69030** 

1. Entity Name
MILTON M. FERRELL, JR., P.A.



FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

4511 LAKE ROAD MIAMI, FL 33137 Mailing Address

4511 LAKE ROAD MIAMI, FL 33137



03132007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2799484

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DACASTIGLIONE, MAYRA C 201 S BISCAYNE BLVD STE 3400 MIAMI CTR MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE Signature, typed or printed name of registered agent and utle if applicable (NOTE. Registered Agent				required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRELL, MILTON M JR 201 SOUTH BISCAYNE BLVD STE 3400 MIAMI, FL 33131				U00000738755 05/11/07-80081-010 158.75		
TITLE NAME STREET ADDRESS CITY: ST-ZIP	D FERRELL, MILTON M JR 201 SOUTH BISCAYNE BLVD STE 3400 MIAMI, FL 33131						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DA CASTIGLIONE, MAYRA C 201 S BISCAYNE BLVD., STE. 3400 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY;ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·		

12. I hereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/07

305-371-8585