



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # J69030 1. Entity Name MILTON M. FERRELL, JR., P.A.	
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Principal Place of Business 4511 LAKE ROAD MIAMI, FL 33137	Mailing Address 4511 LAKE ROAD MIAMI, FL 33137
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2799484	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERRELL, MILTON M JR 201 SOUTH BISCAYNE BLVD STE 3400 MIAMI, FL 33131
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U00000938175
05/27/08-80078-023 158.75

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: *Mayra C. da Castiglione* 4/29/08 305-371-8585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #