

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K45015

FILED
Aug 21, 2006
Secretary of State

Entity Name: THOMSON MURARO RAZOOK & HART, P.A.

Current Principal Place of Business:

800 BRICKELL AVENUE
525
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

PO BOX 310670
MIAMI, FL 33231

New Mailing Address:

FEI Number: 65-0082743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMSON, PARKER D.
AMERIFIRST BUILDING 17TH FLOOR
1 S.E. 3RD AVE.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: THOMSON, PARKER D.,
Address: 1207 MARIOLA CT.
City-St-Zip: CORAL GABLES, FL

Title: DP () Delete
Name: MURARO, ROBERT E.,
Address: 800 CLAUGHTON ISLAND DR APT 1504
City-St-Zip: MIAMI, FL 33131

Title: VDT () Delete
Name: RAZOOK, RICHARD J.,
Address: 5765 S.W. 113TH ST.
City-St-Zip: MIAMI, FL

Title: SD () Delete
Name: HART, BRIAN A.,
Address: 4860 HAMMOCK LAKE DRIVE
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. MURARO

D

08/21/2006

Electronic Signature of Signing Officer or Director

Date