2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K93344

1. Entity Name CINDY A. BARWELL, P.A.



FILED Apr 10, 2008 08:00 A Secretary of State

CR2E034 (11/05)

Principal Place of Business

1300 SW 20TH ST BOCA RATON, FL 33486 U: Mailing Address

% CINDY A. BARWELL, ESQUIRE 1300 SW 20TH STREET BOCA RATON, FL 33486



					04052006	NO City-F		
DO	NOT	WRITE	IN	THIS	SPACE	4. FEI Number		

4. FEI Number Applied For 65-0146918 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARWELL, CINDY A., ESQUIRE 1300 SW 20TH STREET BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the $\boldsymbol{\rho}$ ions of registered agent.	ourpose of changing its registers	ed office or i	registered 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 title	if applicable. (NOTE: Registere	d Agent signatur	e required when roinstating)	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000889866 04/22/08-80071-011 150.00			
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARWELL, CINDY A., ESQUIRE 1300 SW 20TH STREET BOCA RATON, FL 33486		:					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE, NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME								

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 be secure 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 a reddress, with as other like empowered.

SIGNATURE:

STREET ADDRESS City-St-Zip

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF CER OR DIRECTOR

147/08 (561)368-0074 Date Phone 9