

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90098 005 ***150.00

DOCUMENT # K99747

1. Entity Name
ROBERT J. VAN DER WALL, P.A.



Principal Place of Business
**1320 SOUTH DIXIE HIGHWAY
PENTHOUSE SUITE 1275
CORAL GABLES, FL 33146 US**

Mailing Address
**1320 SOUTH DIXIE HIGHWAY
PENTHOUSE SUITE 1275
CORAL GABLES, FL 33146 US**

40003172



2. Principal Place of Business - No P.O. Box #
2665 South Bayshore Drive

3. Mailing Address
2665 South Bayshore Drive

Suite, Apt. #, etc.
Grand Bay Plaza Suite 701

City & State
Coconut Grove, FL

Zip
33133

Country
US

01102008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0129055

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBERT J VAN DER WALL
1320 SOUTH DIXIE HIGHWAY
SUITE 1275
CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name
2665 South Bayshore Drive

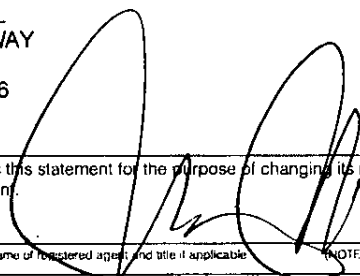
Street Address (P.O. Box Number is Not Acceptable)
Grand Bay Plaza Suite 701

City
Coconut Grove

State
FL

Zip Code
33133

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:  DATE: **1/10/08**

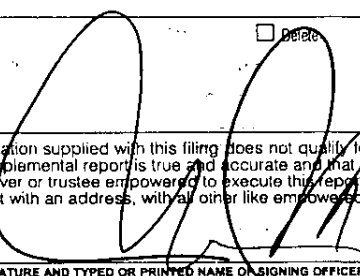
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**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	P VAN DER WALL, ROBERT J. 1320 SOUTH DIXIE HIGHWAY SUITE 1275 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2665 South Bayshore Drive Grand Bay Plaza Suite 701 Coconut Grove, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:  DATE: **1/10/08** DAYTIME PHONE: **205-358-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR