2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 24, 2006 08:00 AM DOCUMENT # L46577 **Secretary of State** 1. Entity Name RUSSO APPELLATE FIRM, P.A. Mailing Address Principal Place of Business 6101 SW 76TH ST. MIAMI FL 33143 6101 SW 76TH ST. MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0167377 Not Applicable Country Zφ Ζŀρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUSSO, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 6101 SW 76 ST MIAMI FL 33143 Zip Code City 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 _ Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signatum required when reinstating) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TRLE Delete DILE U00000447397 NAME RUSSO, ELIZABETH NAME 03/08/06-80053-019 150.00 STREET ADDRESS 6101 SW 76TH ST. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143 CITY-ST-ZIP ☐ Change ☐ Addit TITLE Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZAP TITLE ☐ Delete THE ☐ Change A Lance NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP CUY-ST-ZIP Delete ☐ Chance □ Attention TITLE HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change A. L. Communication TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZiP THE ☐ Detete TITLE ☐ Change Adiciji. NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, that I am an officer or director of the corporation or the repeiver 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.

FILED