

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M00585 ✓

1. Entity Name
LAW FIRM, INC.



FILED

2008 APR 30 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04162008 Chg-P CR2E034 (12/06)

4. FEI Number
59-2422572

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FEENANE, EDWARD J
200 S. BISCAYNE BLVD.
STE 4000
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name Kenneth C. Hunter
Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd. Suite 4000
City Miami FL 33131

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 Kenneth C. Hunter

(NOTE: Registered Agent signature required when reconstituting)

4/29/08
DATE

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

TITLE	DP	☐ Delete
NAME	MAIWURM, JAMES J	
STREET ADDRESS	200 S. BISCAYNE BLVD. STE 4000	
CITY- ST- ZIP	MIAMI, FL 33131	
TITLE	DVPT	☐ Delete
NAME	MCKENNA, MICHAEL E	
STREET ADDRESS	200 S. BISCAYNE BLVD. STE. 4000	
CITY- ST- ZIP	MIAMI, FL 33131	
TITLE	DVPS	☐ Delete
NAME	DEL CASTILLO, ALBERT	
STREET ADDRESS	200 S. BISCAYNE BLVD. STE. 4000	
CITY- ST- ZIP	MIAMI, FL 33131	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME	900127369569	
STREET ADDRESS	04/30/08--01037--005 **150.00	
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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:

Albert A. del Castillo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/08

Date

305.577.7758

Daytime Phone #