

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M97128

1. Entity Name

WAMPLER, BUCHANAN, WALKER, CHABROW,
BANCIELLA & STANLEY, P.A.



Principal Place of Business

ONE SE THIRD AVE., STE 1700
SUN TRUST INTERNATIONAL
MIAMI, FL 33131 US

Mailing Address

ONE SE THIRD AVE., STE 1700
SUN TRUST INTERNATIONAL
MIAMI, FL 33131 US



07032006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0082249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALKER, MICHAEL B
ONE SE THIRD AVE., STE 1700
SUN TRUST INTERNATIONAL
MIAMI, FL 33131

DO NOT WRITE
IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DP
NAME WAMPLER, ATLEE W. III
STREET ADDRESS ONE SE THIRD AVE., STE 1700
CITY-ST-ZIP MIAMI, FL 33131

TITLE DT
NAME BUCHANAN, JOSEPH R.
STREET ADDRESS ONE SE THIRD AVE., STE 1700
CITY-ST-ZIP MIAMI, FL 33131

TITLE DST
NAME WALKER, MICHAEL B.
STREET ADDRESS ONE SE THIRD AVE., STE 1700
CITY-ST-ZIP MIAMI, FL 33131

TITLE DVP
NAME CHABROW, PENN B.
STREET ADDRESS ONE SE THIRD AVE., STE 1700
CITY-ST-ZIP MIAMI, FL 33131

TITLE DVP
NAME BANCIELLA, RICARDO A
STREET ADDRESS ONE SE THIRD AVE., STE 1700
CITY-ST-ZIP MIAMI, FL 33131

TITLE DV
NAME STANLEY, S. ALAN
STREET ADDRESS ONE SOUTHEAST THIRD AVENUE STE 1700
CITY-ST-ZIP MIAMI, FL 33131

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL WALKER 7-10-06 305/577-0044

Date

Daytime Phone #