

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 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



02192008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0082249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

0000000835923
02/29/08-80054-018 150.00

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

Date

Daytime Phone #

1-22-08 305/577-0044