## 2008 FOR PROFIT CORPORATION

## **FILED** Apr 14, 200<del>8</del> 8:00 am Secretary of State

## **ANNUAL REPORT**

SIGNATURE:

**DOCUMENT # P00000055656** 04-14-2008 90047 023 \*\*\*150.00 1. Entity Name BRINKLEY & HENRYS, P.A. Principal Place of Business Mailing Address OFFICE AT BAY POINT, STE. 1200 OFFICE AT BAY POINT, STE, 1200 40067904 4770 BISCAYNE BLVD. 4770 BISCAYNE BLVD. MIAMI, FL 33137 MIAMI, FL 33137 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 47 to biscarne Blud 4770 BISCAVINE BIVA Suite, Apt. #, etc. Suite, Apt. #, etc 04112008 Cha-P CR2E034 (12/06) 1250 1250 City & State City & State 4. FEI Number Applied For MI ami, Florida MIaMi Planda 65-1014256 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3137 UŠA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent fathcla HENRYS, PATRICIA OFFICE AT BAY POINT, STE. 1200 4770 BISCAYNE BLVD. MIAMI, FL 33137 MIAMI 8. The above named coulty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fidrida. the obligations of schightened agent. am familiar with, and accept SIGNATURE d name divegistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE.IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change TITLE ☐ Delete TITLE BRINKLEY, TANYA J ESQ. NAME NAME 4770 BISCOYNC BIVD, Stc. 1250 4770 BISCAYNE BLVD., STE. 1200 STREET ADDRESS STREET ADDRESS Miani, Florida 33137 CITY-ST-ZIP MIAMI, FL 33137 CITY-ST-7IP VD Change Addition Delete TITLE TITLE HENRYS, PATRICIA ESQ. NAME NAME 4730 Bis cayne Blud., Stc. 1250 4770 BISCAYNE BLVD., STE. 1200 STREET ADDRESS STREET ADDRESS MIAMI, FL 33137 CITY-ST-ZiP Miami, Florida CITY-ST-71 TIFLE ☐ Delete TITLE ☐ Additior NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Delete TITLE Change ☐ Additior TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 suppliemental 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.