

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90271 026 ***150.00

DOCUMENT # P00000067809	
1. Entity Name BALES SOMMERS & KLEIN, P.A.	

Principal Place of Business 601 BRICKELL KEY DRIVE 702 MIAMI, FL 33131	Mailing Address 601 BRICKELL KEY DRIVE 702 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box # 2 SO. BISCAYNE BLVD.	3. Mailing Address 2 SO. BISCAYNE BLVD.
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Suite, Apt. #, etc. SUITE 1881	Suite, Apt. #, etc. SUITE 1881
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City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
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Zip 33131-1808	Country U.S.A.	Zip 33131-1808	Country U.S.A.
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40077851



04162007 Chg-P CR2E034 (12/06)

4. FEI Number 65-1028822	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BALES, RICHARD M JR. 601 BRICKELL KEY DRIVE MIAMI, FL 33131 MIAMI, FL 33131		Name	
2 SO. BISCAYNE BLVD. SUITE 1881 MIAMI FLORIDA 33131-1808		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOMMERS, MARA BETH NINE ISLAND AVE., #1403 MIAMI BEACH, FL 33139 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2 SO. BISCAYNE BLVD. SUITE 1881 MIAMI, FLORIDA 33131-1808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALES, RICHARD M JR. 601 BRICKELL KEY DRIVE SUITE 702 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: RICHARD M. BALES, JR.	4/16/07	(305) 372-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date Daytime Phone #		