

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90102 005 ***150.00



DOCUMENT # P01000024218
 1. Entity Name
STEWART M. COOKE, P.A.

Principal Place of Business 1395 BRICKELL AVENUE STE 650 MIAMI FL 33131	Mailing Address 1395 BRICKELL AVENUE STE 650 MIAMI FL 33131
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-1094288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STEWART, MARIA C
1395 BRICKELL AVENUE
SUITE 430
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
Robert W. Stewart, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
1395 Brickell Avenue, Suite 650
 City
Miami FL Zip Code
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 Robert W. Stewart **ROBERT W STEWART, PRES.** 02/02/07
(NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
DP <input type="checkbox"/> Delete NAME: STEWART, MARIA C STREET ADDRESS: 1395 BRICKELL AVENUE, SUITE 430 CITY-ST-ZIP: MIAMI FL 33131	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Cooke, Stewart M. STREET ADDRESS: 1395 Brickell Avenue, Suite 650 CITY-ST-ZIP: Miami, Florida 33131	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: S.M. Cooke 02/02/07 305-495-2968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #