2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000093255

1. Entity Name

OFFICE OF THE GENERAL COUNSEL, INC.



Principal Place of Business

Mailing Address

ONE ALHAMBRA PLAZA **SUITE 1200**

CORAL GABLES, FL 33134-5227

3909 NE 163RD. ST. NORTH MIAMI BEACH, FL 33160

FILED May 01, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 04252007 No Chg-P Applied For 4. FEI Number

65-1140781

Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

GRIMSLEY, CHARLES ESQ. 3909 N.E 163RD ST. SUITE 300 NORTH MIAMI BEACH, FL 33160

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_						1
	Signature, typed or printed name of registered agent and little	d applicable (NOTE: Registered	Agent signatur	e required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GRIMSLEY, CHARLES J 3909 N:E 163RD ST.,STE 300 NORTH MIAMI BEACH, FL 33160	• • •	:		U00000753285 05/22/07-80015-007 150.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RAMIREZ, JACK 3909 N.E 163RD ST.,STE 300 NORTH MIAMI BEACH, FL 33160				US/22/U7-8UU15-007 150.	90
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. Thereby certify that the information supplied with this filling 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

STREET ADDRESS CITY-ST-ZIP