


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000117219

1. Entity Name
 SUZANNE AMADUCCI-ADAMS, P.A.



Principal Place of Business Mailing Address

200 S. BISCAYNE BLVD. 200 S. BISCAYNE BLVD.
 SUITE 2500 SUITE 2500
 MIAMI, FL 33131 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 01-0553129 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS-AMADUCCI, SUZANNE
 200 SOUTH BISCAYNE BLVD STE 2500
 MIAMI, FL 33131-2336

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: _____ (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

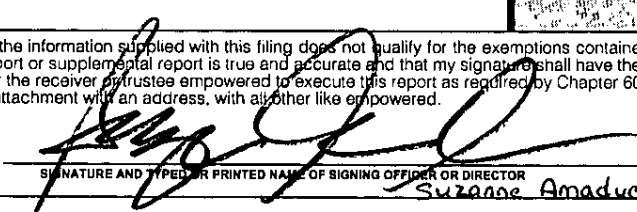
U00000851351
 03/25/08-80035-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	ADAMS-AMADUCCI, SUZANNE
STREET ADDRESS	200 S. BISCAYNE BLVD., STE 2500
CITY-ST-ZIP	MIAMI, FL 331312336
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **3/3/08** **305-3747580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Suzanne Amaducci-Adams