## **2007 FOR PROFIT CORPORATION**

## **FILED ANNUAL REPORT** Mar 29, 2007 08:00 A Secretary of State DOCUMENT # P01000120232 JOSEPH M. BRYDON, P.A. Mailing Address Principal Place of Business 300 SEVILLA AVE., STE. 215 300 SEVILLA AVE., STE. 215 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 CR2E034 (11/05) 03242007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0001568 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required DO NOT WRITE 6. Name and Address of Current Registered Agent BRYDON, JOSEPH M 300 SEVILLA AVE., STE. 215 CORAL GABLES, FL 33134 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, typed or printed name of registered 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 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BRYDON, JOSEPH M NAME 300 SEVILLA AVE., STE. 215 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR