


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # P02000072932	
1. Entity Name MIGUEL FARRA, C.P.A., P.A.	

Principal Place of Business C/O MORRISON, BROWN, ARGIZ & FARRA, LLP 1001 BRICKELL BAY DR 9TH FLOOR MIAMI, FL 33131	Mailing Address C/O MORRISON, BROWN, ARGIZ & FARRA, LLP 1001 BRICKELL BAY DR 9TH FLOOR MIAMI, FL 33131
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03182008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3879202	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FARRA, MIGUEL G ESQ. C/O MORRISON, BROWN, ARGIZ & FARRA, LLP 1001 BRICKELL BAY DRIVE, 9TH FL MIAMI, FL 33131
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**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

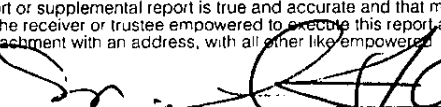
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRA, MIGUEL 1001 BRICKELL BAY DR 9TH FLOOR MIAMI, FL 33131
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04/08/08-80016-001 150.00

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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:  3/18/08 (805) 377-9217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Miguel G. Farra, President
Date Daytime Phone #