2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000110196

1. Entity Name ROWELL FAMILY CORP.



Principal Place of Business

220 ALHAMBRA CIRCLE

5TH FLOOR

CORAL GABLES, FL 33134-5101

Mailing Address

220 ALHAMBRA CIRCLE

5TH FLOOR

CORAL GABLES, FL 33134-5101

FILED Mar 06, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

2232006	No Chg-P	CR2E034 (11/0
2232000	NO Ong-r	OTTEL VOT (1110

4. FEI Number 16-1636536 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent

AXMAN, MICHAEL ESQ. 2601 SOUTH BAYSHORE DRIVE **SUITE 1600** MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

8. The above the obligati	named entity submits this statement for the plants of registered agent.	urpose of changing its registered of	lice of r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and that it applicable (NOTE: Registered Agent alignature required when remaining)				required when rematating)	QATE .
	E NOWIII FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	000000457590 03/17/06-80010-009 150.00
10.	OFFICERS AND DIREC	TORS			
title name street address city-st-zip	D HILL, MIKE 220 ALHAMBRA CIRCLE 5TH FLOOR CORAL GABLES, FL 331345101				
Title Name Street address City-St-Zip					
THTLE 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					

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIF