

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 14, 2008 8:00 am**  
**Secretary of State**

08-14-2008 90002 042 \*\*\*150.00

<b>DOCUMENT # P03000007227</b>			
<b>1. Entity Name</b> ALISON PAGES, P.A.			
<b>Principal Place of Business</b> 5161 COLLINS AVENUE 1206 MIAMI BEACH, FL 33140		<b>Mailing Address</b> 5161 COLLINS AVENUE 1206 MIAMI BEACH, FL 33140	
<b>2. Principal Place of Business - No P.O. Box #</b> 7070 SW 54 <sup>th</sup> Street		<b>3. Mailing Address</b> 7070 SW 54 <sup>th</sup> Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> Miami, FL		<b>City &amp; State</b> Miami, FL	
<b>Zip</b> 33155		<b>Zip</b> 33155	
<b>Country</b>		<b>Country</b>	
<b>4. FEI Number</b> 02-0668122		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PAGES, ALISON 5161 COLLINS AVE 1206 MIAMI BEACH, FL 33140		<b>7. Name and Address of New Registered Agent</b> Name: <u>Pages Alison</u> Street Address (P.O. Box Number is Not Acceptable): <u>7070 SW 54<sup>th</sup> Street</u> City: <u>Miami</u> <u>FL</u> <u>33155</u>	
<b>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.</b> SIGNATURE: <u>Alison Pages</u> DATE: <u>8/11/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAGES, ALISON 5161 COLLINS AVENUE, APT. 1206 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Pages Alison</u> <u>7070 SW 54<sup>th</sup> Street</u> <u>Miami, FL 33155</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>			
<b>SIGNATURE:</b> <u>Alison Pages</u>		Date: <u>8/11/08</u> Daytime Phone #: <u>305-582-7300</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			