2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000057382

1. Entity Name
ELLSWORTH LAW FIRM, P.A.

Principal Place of Business	Mailing Address
404 WASHINGTON AVE 750 MIAMI BEACH, FL 33139	400 SOUTH POINTE DR. SOUTH POINTE TOWER, STE. 2007 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

02212008   No Chg-P   CR2E034 (11/05)

4. FEI Number
01-0784800

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELLSWORTH, SEAN M
400 SOUTH POINTE DR.
SOUTH POINTE TOWER, STE. 2007
MIAMI BEACH, FL 33139

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (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

U00000951584
06/04/03--30040--022 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ELLSWORTH, SEAN M
STREET ADDRESS	400 SOUTH POINTE DR.
CITY-ST-ZIP	MIAMI BEACH, FL 33139

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: _____Sean M M_____   5-9-08   305. 535.2529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #