

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P03000066524

1. Entity Name

TAMARA D. MCKEOWN, P.A.



Principal Place of Business

BANK OF AMERICA TOWER
100 S.E. 2ND ST. STE 3950
MIAMI, FL 33131

Mailing Address

BANK OF AMERICA TOWER
100 S.E. 2ND ST. STE 3950
MIAMI, FL 33131



04232007

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-0061788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCKEOWN, TAMARA D ESQ.
BANK OF AMERICA TOWER
100 S.E. 2ND ST. STE 3950
MIAMI, FL 33131

**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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME MCKEOWN, TAMARA D ESQ.
STREET ADDRESS 100 S.E. 2ND ST. STE 3950
CITY-ST-ZIP MIAMI, FL 33131

TITLE
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U000000737399
05/11/07-80026-013 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

305-579-9077

Daytime Phone #