# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000077783

**Entity Name:** BOWER LAW FIRM, P.A.

| **Current Principal Place of Business:** | **New Principal Place of Business:** |
|---|---|
| 6915 RED RD.<br>SUITE 208A<br>CORAL GABLES, FL 33143 | 6915 RED RD.<br>SUITE 228<br>CORAL GABLES, FL 33143 |

| **Current Mailing Address:** | **New Mailing Address:** |
|---|---|
| 6915 RED RD.<br>SUITE 208A<br>CORAL GABLES, FL 33143 | 6915 RED RD.<br>SUITE 228<br>CORAL GABLES, FL 33143 |

**FEI Number: 54-2117517**     **FEI Number Applied For ( )**     **FEI Number Not Applicable ( )**     **Certificate of Status Desired ( )**

| **Name and Address of Current Registered Agent:** | **Name and Address of New Registered Agent:** |
|---|---|
| BOWER, TIM FEDERICO  ESQ.<br>6915 RED RD.<br>SUITE 208A<br>CORAL GABLES, FL 33143  US | BOWER, TIM FEDERICO  ESQ.<br>6915 RED RD.<br>SUITE 228<br>CORAL GABLES, FL 33143  US |

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.

SIGNATURE: _____     04/26/2008
                    Electronic Signature of Registered Agent                                        Date

**Election Campaign Financing Trust Fund Contribution ( ).**

## OFFICERS AND DIRECTORS:

Title:       DPST       ( ) Delete
Name:       BOWER, TIM FEDERICO
Address:    6915 RED RD., SUITE 208A
City-St-Zip:   CORAL GABLES, FL  33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:       DPST       (X) Change  ( ) Addition
Name:       BOWER, TIM FEDERICO
Address:    6915 RED RD., SUITE 228
City-St-Zip:   CORAL GABLES, FL  33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE:  TIM BOWER                                            P                    04/26/2008
                 Electronic Signature of Signing Officer or Director                                        Date