


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90404 017 \*\*\*150.00

<b>DOCUMENT # P03000097839</b>					
<b>1. Entity Name</b> LAW OFFICES OF WARREN R. LAWLER, P.A.					
<b>Principal Place of Business</b> 6311 NE 18TH AVE FORT LAUDERDALE, FL 33334			<b>Mailing Address</b> 6311 NE 18TH AVE FORT LAUDERDALE, FL 33334		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-0211786	
<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>  DIAZ, OSVALDO J 7951 SW 40TH ST STE 206 MIAMI, FL 33155			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Trust Fund Contribution.</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST. LAWLER, WARREN R 3191 CORAL WAY, STE 402 MIAMI, FL 33145	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWLER, WARREN R 3191 CORAL WAY, STE 402 MIAMI, FL 33145	<input type="checkbox"/> Delete			
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<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> _____			Date: <u>4/28</u> 954-478-8839		
SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40087484



04112008 Chg-P CR2E034 (12/06)

**Applied For**  
**Not Applicable**

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PVST.  
LAWLER, WARREN R  
3191 CORAL WAY, STE 402  
MIAMI, FL 33145

☐ Delete

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
D  
LAWLER, WARREN R  
3191 CORAL WAY, STE 402  
MIAMI, FL 33145

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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**SIGNATURE:**

SIGNATURE AND FULL PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #