


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90021 032 ***150.00

DOCUMENT # P04000121360					
1. Entity Name RYAN & DUNN, P.A.					
Principal Place of Business 8500 SW 92 ST MIAMI, FL 33156			Mailing Address POB 561507 MIAMI, FL 33256		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. <i>204</i>			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 42-1643629	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUNN, MARCIA T 8500 SW 92 ST 202 MIAMI, FL 33156				Name Street Address (P.O. Box Number is Not Acceptable) <i>8500 SW 92 ST #204</i> City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reissuing) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RYAN, D. JEAN 8500 SE 92 ST 202 MIAMI, FL 33156				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST DUNN, MARCIA T 8500 SW 92 ST 202 MIAMI, FL 33156				
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TITLE NAME STREET ADDRESS CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>8500 SW 92 ST #204</i>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>8500 SW 92 ST #204</i>				
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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: <i>D. Jean Ryan, Pres.</i> 02/15/08 305-275-2733					



02112008 Chg-P CR2E034 (12/06)

4. FEI Number
42-1643629

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DUNN, MARCIA T
8500 SW 92 ST 202
MIAMI, FL 33156

7. Name and Address of New Registered Agent

Name

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

8500 SW 92 ST #204

City

FL

Zip Code

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 reissuing)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P
RYAN, D. JEAN
8500 SE 92 ST 202
MIAMI, FL 33156

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
DUNN, MARCIA T
8500 SW 92 ST 202
MIAMI, FL 33156

☐ Delete

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

TITLE
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CITY - ST - ZIP

☒ Change ☐ Addition

8500 SW 92 ST #204

TITLE
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CITY - ST - ZIP

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #