


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90042 016 ***150.00

DOCUMENT # P04000159833 1. Entity Name F.X. SEXTON P.A.			
Principal Place of Business 150 WEST FLAGLER STREET SUITE 2850 MIAMI, FL 33130		Mailing Address 150 WEST FLAGLER STREET SUITE 2850 MIAMI, FL 33130	
2. Principal Place of Business 355 Alhambra Circle Suite 1250 Coral Gables FL 33134		3. Mailing Address 355 Alhambra Circle Suite 1250 Coral Gables FL 33134	
4. FEI Number 20-2424898		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01242006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SEXTON, FRANCIS X JR. 150 WEST FLAGLER STREET SUITE 2850 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 355 Alhambra Circle Suite 1250 City Coral Gables FL Zip Code 33134	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST SEXTON, FRANCIS X JR. 150 WEST FLAGLER STREET #2850 MIAMI, FL 33130	TITLE NAME STREET ADDRESS CITY - ST - ZIP	355 Alhambra Circle Suite 1250 Coral Gables FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Francis X. Sexton Jr.</u> 305-446689 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			