

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000017200**

1. Entity Name  
**SAMUEL C. ULLMAN, P.A.**



Principal Place of Business  
**200 S BISCAYNE BLVD  
STE 2500  
MIAMI, FL 33131-5340**

Mailing Address  
**200 S BISCAYNE BLVD  
STE 2500  
MIAMI, FL 33131-5340**



02272008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2273270</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ULLMAN, SAMUEL C  
200 S BISCAYNE BLVD  
MIAMI, FL 33131-5340**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

**000000851328  
03/25/08-80035-003 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	ULLMAN, SAMUEL C
STREET ADDRESS	200 S BISCAYNE BLVD STE 2500
CITY-ST-ZIP	MIAMI, FL 331315340

TITLE	S
NAME	STOKES, MARCIA
STREET ADDRESS	200 S BISCAYNE BLVD STE 2500
CITY-ST-ZIP	MIAMI, FL 331315340

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
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 another person empowered.

**SIGNATURE:** Samuel Ullman **Samuel Ullman** 3/3/08 305-350-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #