

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90022 027 \*\*\*150.00

DOCUMENT # P05000023100

1. Entity Name  
ALLISON K. HIFT, P.A.



Principal Place of Business  
200 S. BISCAYNE BLVD  
SUITE 2500  
MIAMI, FL 33131-5340

Mailing Address  
200 S. BISCAYNE BLVD  
SUITE 2500  
MIAMI, FL 33131-5340

40048307



**DO NOT WRITE IN THIS SPACE**

02272008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-2349132

Applied For  
Not Applicable

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

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

HIFT, ALLISON K  
200 S. BISCAYNE BLVD  
SUITE 2500  
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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HIFT, ALLISON K 200 S. BISCAYNE BLVD., SUITE 2500 MIAMI, FL 331315340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS 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 all other like empowered.

SIGNATURE: Allison K Hift  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-08 305 350 7217  
Date Daytime Phone #