


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 A
Secretary of State

DOCUMENT # P05000044132	
1. Entity Name CYNTHIA HILL, P.A.	

Principal Place of Business 244-79TH STREET, #4DE MIAMI BEACH, FL 33141	Mailing Address 244-79TH STREET, #4DE MIAMI BEACH, FL 33141
-------------------------------------------------------------------------------	-------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2566655	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILL, CYNTHIA
244-79TH STREET, #4DE
MIAMI BEACH, FL 33141

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 _____ (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
-------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP HILL, CYNTHIA 244-79TH STREET, #4DE MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HILL, CYNTHIA 244-79TH STREET, #4DE MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000898346
04/25/08-80084-016 150.00

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: Cynthia Hill CYNTHIA HILL 4-9-08 305 865 3494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #