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May 02, 2008 8:00 am
Secretary of State
05-02-2008 90183 018 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000094662

1. Entity Name
CYNTHIA G. STRICKLAND, P.A.

Principal Place of Business	Mailing Address
1031 IVES DAIRY ROAD SUITE 228 MIAMI, FL 33179-5029	1031 IVES DAIRY ROAD SUITE 228 MIAMI, FL 33179-5029

04302008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
99 NW 183rd Street	99 NW 183rd St
Suite, Apt. #, etc. Suite 102A	Suite, Apt. #, etc. Suite 102A
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33169-4502 Country USA	Zip 33169-4502 Country USA

4. FEI Number 20-3104627 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STRICKLAND, CYNTHIA G
~~1031 IVES DAIRY ROAD~~
~~SUITE 228~~
MIAMI, FL 33179-5029

99 NW 183 Street
Suite 102A
MIAMI, FL 33169-4502

7. Name and Address of New Registered Agent

Name

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

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: Cynthia G. Strickland]
Signature, typed or printed name of registered agent and title if applicable (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 ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	STRICKLAND, CYNTHIA G	NAME	
STREET ADDRESS	~~1031 IVES DAIRY ROAD~~	STREET ADDRESS	99 NW 183rd St, Suite 102A
CITY-ST-ZIP	~~MIAMI, FL 331795029~~	CITY-ST-ZIP	MIAMI, FL 33169-4502
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature: Cynthia G. Strickland] 4-30-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #