2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM Secretary of State

ANNUAL REPORT	
DOCUMENT # P05000117681	
1. Entity Name	

CRAIG FERREE P.A.

Principal Place of Business

Mailing Address

201 S. BISCAYNE BLVD., STE. 850 MIAMI, FL 33131

201 S. BISCAYNE BLVD., STE. 850 MIAMI, FL 33131



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4. FEI Number	 Applied For
20-3354092	Not Applicable
= 010	\$8.75 Additional

Certificate of Status Desired

01082007

\$8.75 Additions
Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

ROSSZ FIU CORPORATION 201 S. BISCAYNE BLVD., STE. 850 MIAMI, FL. 33131

DO NOT WRITE IN THIS SPACE

No Chg-P

ind builgations on registered again.								
SIGNATURE Signature, typed or profed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OATE								
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERREE, CRAIG 201 S. BISCAYNE BLVD., STE. 850 MIAMI, FL 33131				U00000620269 02/09/07-80031-001 150.φ			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY: ST- ZIP								
12. Thereby certify that the information supplied with this filling 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.								

OFFICER OR DIRECTOR

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