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Secretary of State
05-01-2008 90191 047 ***150.00

5/1/2

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000148853

1. Entity Name
SHAKED & BIONDO, P.A.

Principal Place of Business	Mailing Address
200 SOUTHEAST 1ST STREET SUITE 505 MIAMI, FL 33131 US	200 SOUTHEAST 1ST STREET SUITE 505 MIAMI, FL 33131 US

66012161

DO NOT WRITE IN THIS SPACE

03282008 No Chg-P CR2E034 (11/05)

4. FEI Number
13-4308046
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BIONDO, GERALD
TWO ALHAMBRA PLAZA
PH 1B
CORAL GABLES, FL 33134

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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	P
NAME	BIONDO, GARRETT J
STREET ADDRESS	200 SOUTHEAST 1ST STREET, SUITE 505
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	VP
NAME	SHAKED, SAGI
STREET ADDRESS	200 SOUTHEAST 1ST STREET, SUITE 505
CITY-ST-ZIP	MIAMI, FL 33131
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	

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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: _____ 05/20/08 305-374-2626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR