


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

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| DOCUMENT # P05000167663 1. Entity Name LAW OFFICES OF GARY APPEL, PA |  |
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| Principal Place of Business 4770 BISCAYNE BLVD SUITE 670 MIAMI, FL 33137 | Mailing Address 4770 BISCAYNE BLVD SUITE 670 MIAMI, FL 33137 |
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| DO NOT WRITE IN THIS SPACE |
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01092007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 20-3997289 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CORPORATE ACCESS INC 236 E 6TH AVE TALLAHASSEE, FL 32303 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD APPEL, GARY 4770 BISCAYNE BLVD SUITE 670 MIAMI, FL 33137 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| <p>U000000750755 05/18/07-80075-009 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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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.

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| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date _____ <small>Date</small> | Daytime Phone # _____ <small>Daytime Phone #</small> |
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