


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90099 043 \*\*\*150.00

**DOCUMENT # P06000023774**

1. Entity Name  
**STIEFEL RESEARCH INSTITUTE, INC.**



Principal Place of Business  
**255 ALHAMBRA CIRCLE,  
CORAL GABLES, FL 33134**

Mailing Address  
**255 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box #  
**255 Alhambra Circle**

Suite, Apt. #, etc.  
**1000**

City & State  
**Coral Gables FL**

Zip  
**33134**

Country  
**Dade**

3. Mailing Address  
**255 Alhambra Circle**

Suite, Apt. #, etc.  
**1000**

City & State  
**Coral Gables**

Zip  
**33134**

Country  
**Dade**

04242007 Chg-P CR2E034 (12/06)

4. FEI Number  
**20-4404150**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FOX-BUTLER, PATRICIA**  
**255 ALHAMBRA CIRCLE**  
**CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name  
**Devin G. Buckley**

Street Address (P.O. Box Number is Not Acceptable)  
**255 Alhambra Circle, Suite 1000**

City  
**Coral Gables**

State  
**FL**

Zip Code  
**33134**

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 **DCB 4/25/07**

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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>President / Director</b> <b>Charles W. Stiefel</b> <b>255 Alhambra Circle, Suite 1000</b> <b>Coral Gables, FL 33134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>VP / Director</b> <b>Marco Taglietti</b> <b>255 Alhambra Circle, Suite 1000</b> <b>Coral Gables, FL 33134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>Secretary / Director</b> <b>Devin G. Buckley</b> <b>255 Alhambra Circle, Suite 1000</b> <b>Coral Gables, FL 33134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **DCB 4/25/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **(305) 443-3800**

Daytime Phone #