


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90063 004 ***158.75

DOCUMENT # P06000035411							
1. Entity Name ALLISON BLUMENTHAL, P.A.							
Principal Place of Business 2601 SOUTH BAYSHORE DR. SUITE 1475 COCONUT GROVE, FL 33133			Mailing Address 2601 SOUTH BAYSHORE DR. SUITE 1475 COCONUT GROVE, FL 33133				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01072008 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent			4. FEI Number 84-1709795				
LARREA & ORTEGA 150 ALHAMBRA CIRCLE SUITE 950 CORAL GABLES, FL 33134			Applied For				
			7. Name and Address of New Registered Agent			Not Applicable	
			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLUMENTHAL, ALLISON		NAME	BLUMENTHAL, ALLISON			
STREET ADDRESS	% 150 ALHAMBRA CIRCLE, SUITE 925		STREET ADDRESS	2601 S. BAYSHORE DR. SUITE 1475			
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	COCONUT GROVE, FL 33133			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Allison Blumenthal</u>			Date: <u>Feb. 7, 2008</u>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <u>786-252-4607</u>				