
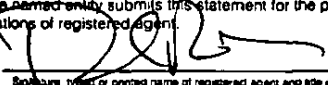



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

2/2

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90040 034 \*\*\*150.00

<b>DOCUMENT # P06000086354</b> 1. Entity Name <b>DANIEL D. DOLAN, II, P.A.</b>					
Principal Place of Business <b>4090 LAGUNA STREET CORAL GABLES, FL 33146</b>			Mailing Address <b>4090 LAGUNA STREET CORAL GABLES, FL 33146</b>		
2. Principal Place of Business - No P.O. Box # <b>501 BRICKELL KEY DR</b>		3. Mailing Address <b>501 BRICKELL KEY DR</b>			
Suite, Apt. #, etc. <b>Suite 505</b>		Suite, Apt. #, etc. <b>Suite 505</b>			
City & State <b>MIAMI FL</b>		City & State <b>MIAMI FL</b>			
Zip <b>33131</b>		Country 		Zip <b>33131</b>	
Country 		4. FEI Number <b>20-5129207</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DOLAN, DANIEL D II 4090 LAGUNA STREET CORAL GABLES, FL 33146</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 <b>1-23-07</b> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when renewing)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DOLAN, DANIEL D II 9530 SW 68TH AVE MIAMI, FL 33156</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 an other like empowered.					
SIGNATURE: 			<b>2-25-07</b> <small>Date Daytime Phone #</small>		

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