## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 02, 2008 08:00 AN Secretary of State **DOCUMENT # P06000103398** 1. Entity Name JANÉ RUSSELL, P.A. Mailing Address Principal Place of Business 4300 NORTHEAST 1ST AVENUE 4300 NORTHEAST 1ST AVENUE MIAMI, FL 33137 MIAMI, FL 33137 04132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 20-5646437 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RUSSELL, JANE E DO NOT WRITE 4300 NORTHEAST 1ST AVENUE MIAMI, FL 33137 IN THIS SPACE 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000943295 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 05/29/08-80054-002 150.00 OFFICERS AND DIRECTORS 10. TITLE RUSSELL, JANE E NAME STREET ADDRESS 4300 NORTHEAST 1ST AVENUE CITY-ST-ZIP MIAMI, FL 33137 HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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. RUSSELL

SIGNATURE

STREET ADDRESS CHY-SI-ZIP

FILED