

2008 FOR PROFIT CORPORATION ANNUAL REPORT

47. **FILED**
May 27, 2008 8:00 am
Secretary of State

04-25-2008 90131 022 ***150.00

DOCUMENT # P06000157187 1. Entity Name JAMES W. MCCREADY, P.A.					
Principal Place of Business TWO ALHAMBRA PLAZA, SUITE 800 CORAL GABLES, FL 33134			Mailing Address TWO ALHAMBRA PLAZA, SUITE 800 CORAL GABLES, FL 33134		
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	4. FEI Number 20-8095854	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	DPS MCCREADY, JAMES W TWO ALHAMBRA PLAZA, SUITE 800 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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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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 its 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 addressee, with all other like empowered.					
SIGNATURE:		JAMES W. MCCREADY 4/18/08 (305) 995-5600			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

66012098



04182008 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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