2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 02, 2008 8:00 am Secretary of State

ANNUAL REPORT					secretary of State			
DOCUMENT # P0700067470 1. Entity Name ISABEL R. MCCORMICK, P.A.							90022 024 ***15	
Principal Plac	Mailing Address	Address		1				
815 PONCE DE LEON BLVD		815 PONCE DE LEON BLVD						
CORAL GABLES, FL 33134		CORAL GABLES, FL 33134		1				
					LIGHT (GREEN)	DAĖD IBRIL ROLIL GRIIL BOLIL	Barb beni febil bibli 1860 fr	20 01 6 (1 1 91 6
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03182008	Chg-P	CR2E034 (12/06)		
City & Const		City R State		4 55666	<u> </u>			
City & State		City & State			A FEI Number	329	<i>1 1 1</i> →	ot Applicable
Zip	Country Zip		Cour	ntry	5 Cartificate	of Status Desired	□ \$8.75 Add	ditional
					1		Fee Require	od
<u> </u>	6. Name and Address of Current	Registered Agent		Name	7. Name and	Address of New Ro	agistered Agent	
MCCORMICK, ISABEL R								
815 PONCE DE LEON BLVD CORAL GABLES, FL 33134				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Cod	le
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 lamiliar with, and a								and accept
the obligations of registered agent.								
SIGNATURE Signature: typed or printed name of registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Camp Trust Fund Co	~	~ _ +-	6.00 May Be ded to Fees			
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
TITLE	PD	☐ Delete	TITL	•			☐ Change	Addition
NAME STREET ADDRESS	MCCORMICK, ISABEL R 815 PONCE DE LEON BLVD		NAM	AE EET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL 33134			r-S1-ZIP				
TITLE	3373.12 37.32.23, 7.2 3373.	☐ Delete	TITL				Change	Addition
NAME			AAN				onenge	L) Addition
STREET ADDRESS			SIR	EE1 ADDRESS				
CHY-\$1-ZIP			CITY	1-S1-ZIP				
TITLE		☐ Delete	TITE	·			☐ Change	☐ Addition
NAME STREET ADDRESS			NAM SIR	EET ADDRESS				 ~
CITY-ST ZIP				r-S1-ZIP				
TITLE		☐ Delete	TITL	.E			☐ Change	Addition
NAME			NAN	AE				
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
THILE NAME		Delete	11TL NAM				☐ Change	Addition
STREET ADDRESS				EET ADDRESS				
C1TY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ Delete	ĭırı	l l			☐ Change	Addition
NAME			NAM					
STREET ADDRESS CHTY-ST-ZIP				EET ADORESS Y-ST-ZIP				
	certify that the information supplied with	n this filing does not with			od in Chanter 110	Florida Statutes I	further certify that the	intermation
12. Hereby certify that the information supplied with this filing does not quality 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/his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if								
of the corporation of the receiver of trustee empowered to execute finis reportes required by Chapter 607, Plottod Statutes; and that my harne appears in Block 10 in changed, or on an attachment with an address, with all other like empowered.								
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