## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUME	VT#	P9200	0000059

1. Entity Name

ADAMS, QUINTON & PARETTI, P.A.



Principal Place of Business

80 S.W. 8 STREET

SUITE 2150 MIAMI, FL 33130 US Mailing Address

80 S.W. 8 STREET SUITE 2150

MIAMI, FL 33130 US



## DO NOT WRITE IN THIS SPACE

01152007

No Chg-P

CR2E034 (11/05)

FEI Number
 65-0364307

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

QUINTON, A. EDWARD III 80 S.W. 8 STREET, SUITE 2150 MIAMI, FL 33130

## DO NOT WRITE IN THIS SPACE

the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its register	ed office or	registered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	1 applicable. (NOTE: Registere	d Agent signatu	re required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	U00000591609
10.	OFFICERS AND DIREC	CTORS			<del>  01/19/07-80030-084_150.00</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUINTON, A EDWARD III 80 SW 8TH ST SUITE 2150 MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ADAMS, JAMES D 80 S.W. 8 STREET, SUITE 2150 MIAMI, FL 33130				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARETTI, KENNETH L 80 SW 8 ST SUITE 2150 MIAMI, FL 33130			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				iN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-SI-7IP					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Quinton II 1/15/07 3

358.272

Daytime Phone #