


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000042016 1. Entity Name CLARKE SILVERGLATE & CAMPBELL, P.A.	
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Principal Place of Business 799 BRICKELL PLAZA SUITE 900 MIAMI, FL 33131	Mailing Address 799 BRICKELL PLAZA SUITE 900 MIAMI, FL 33131
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03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0416466	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CLARKE, MERCER K 799 BRICKELL PLAZA SUITE 900 MIAMI, FL 33131

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CLARKE, MERCER K 799 BRICKELL PLAZA, SUITE 900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUTHER, KELLY A 799 BRICKELL PLAZA, SUITE 900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVERGLATE, SPENCER H 799 BRICKELL PLAZA, SUITE 900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAMPBELL, DENNIS M 799 BRICKELL PLAZA STE 900 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/04/07-80004-001 150.00

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: *Mercer K. Clarke* **3/22/07** **(305) 377-0700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #