2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P9400006175

1. Entity Name

THE LAW OFFICES OF HICKEY & HICKEY, P.A.



FILED
May 02, 2007 08:00 A
Secretary of State

Principal Place of Business

1570 MADRUGA AVE

SUITE 209

CORAL GABLES, FL 33146 US

Mailing Address

1570 MADRUGA AVE

SUITE 209

CORAL GABLES, FL 33146



No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0471981

04302007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HICKEY, HAROLD V 1570 MADRUGA AVE SUITE 209

DO NOT WRITE IN THIS SPACE

OONAL O	ndeed, 1 E 00 140				
	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title is	f applicable. (NOTE: Registere	d Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PVST HICKEY, HAROLD V 1570 MADRUGA AVE STE 209 CORAL GABLES, FL 33146 D HICKEY, HAROLD V 1570 MADRUGA AVE STE 209 CORAL GABLES, FL 33146	CTORS		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME					THIS SPACE

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 of 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 of the corporation of the receiver of trustee empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07 (305)661-8000