**2008 FOR PROFIT CORPORATION ANNUAL REPORT** 

## DOCUMENT # P94000007523

GERALD W. MOORE, P.A.



**FILED** Jan 16, 2008 08:00 AN Secretary of State

Principal Place of Business

333 NE 23D ST

MIAMI, FL 33137

Mailing Address

333 NE 23D ST

MIAMI, FL 33137 US

No Chg-P

CR2E034 (11/05)

01092008

4. FEI Number

Applied For Not Applicable

65-0459130 5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MOORE, GERALD W

## A NOT WOITE

333 N E 23D ST MIAMI, FL 33137			IN THIS SPACE			
	ions of registered agent.	purpose of changing its registe	red office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and acco	ept
Olover, Olica	Signature, typed or printed name of registered agent and title	i applicable (NOTE: Register	ed Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May B Trust Fund Contribution.  Added to Fees		\$5.00 May Be Added to Fees	000000785457 01/17/08-80001-015 150.00	
10.	10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOORE, GERALD W 333 N E 23D ST MIAMI, FL 33137				•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP				IN	THIS SPACE	
TITLE						

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 expolemental 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 receive for rousine 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 artischment with an addiress, with all other like empowered.

SIGNATURE

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR