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Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90008 035 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000031363

1. Entity Name
KRESSE & ASSOCIATES, INC.

40047666

Principal Place of Business	Mailing Address
44 WEST FLAGLER STREET 300 MIAMI, FL 33130	44 WEST FLAGLER ST 300 MIAMI, FL 33130

01292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
66 WEST FLAGLER STREET	66 WEST FLAGLER STREET
Suite, Apt. #, etc.: 7th FLOOR	Suite, Apt. #, etc.: 7th FLOOR
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33130 Country:	Zip: 33130 Country:

4. FEI Number: 65-0489090 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SAXON, KYLE R 1700 ALFRED I. DUPONT BLDG. 169 E. FLAGLER ST. MIAMI, FL 33131	Name: SAXON, KYLE R Street Address (P.O. Box Number is Not Acceptable): c/o CATLIN SAXON, ET AL 2600 DOUGLAS ROAD, SUITE 1109 City: CORAL GABLES FL Zip Code: 33134

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__________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST KRESSE, THOMAS J 44 WEST FLAGLER ST MIAMI, FL 33130 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 66 WEST FLAGLER STREET, 7th FLOOR MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 2-4-08 305 371-7680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #