


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90122 042 ***150.00

DOCUMENT # P95000000697		
1. Entity Name RON A. ADAMS, P.A.		

Principal Place of Business 203 S.W. 13TH STREET MIAMI, FL 33130-4219	Mailing Address 203 S.W. 13TH STREET MIAMI, FL 33130-4219
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2. Principal Place of Business - No P.O. Box # 2525 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 625	3. Mailing Address 2525 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 625
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City & State Coral Gables, Florida	City & State Coral Gables, Florida
Zip 33134	Country USA

6. Name and Address of Current Registered Agent ADAMS, RON A 203 S.W. 13TH STREET MIAMI, FL 33130-4219	
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01292007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0545742	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name Ron A. Adams Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce de Leon Blvd., Suite 625 City Coral Gables FL Zip Code 33134	
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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 <u>Ron A. Adams</u> Ron A. Adams DATE 1-30-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ADAMS, RON A 203 S.W. 13TH STREET MIAMI, FL 331304219 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ADAMS, RON A 2525 Ponce de Leon Blvd., Suite 625 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Ron A. Adams</u> Ron A. Adams <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1-30-07 305-858-2400 <small>Date Daytime Phone #</small>