2007 FOR PROFIT CORPORATION ANNUAL-REPORT (AR)

DOCUMENT # P95000005394 1. Entity Namo ALAN K. FERTEL, P.A. FERRELL LAW P.A. Principal Place of Business Mailing Address 201 S. BISCAYNE BLVD. 201 S. BISCAYNE BLVD. 34TH FLOOR MIAMI FL 33131 34TH FLOOR **MIAMI FL 33131** 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0545789 Not Applicable Ζιp Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERRELL GROUP CPRPORATE SERVICES, LLC Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BICAYNE BOULEVARD SUITE3400 **MIAMI FL 33131** City Zip Code 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 (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and tiffe it applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be " After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE ☐ Change ☐ Addition Delete U00000626477 FERTEL, ALAN K NAME NAME 12755 S.W. 116TH TERRACE 02/15/07-80022-003 150.00 STREET ADDRESS STRUCT ADDRESS **MIAMI FL 33186** CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CITY-ST-7IP INLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP ☐ Change Addition IIITE Delete TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP HILE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

Malan K. Fertel

2/5/07

(305) 371-8585

Daytime Phone #