

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000012342

1. Entity Name
CLYNE & ASSOCIATES, P.A.



Principal Place of Business

2600 DOUGLAS RD.
SUITE 1100
CORAL GABLES, FL 33144 US

Mailing Address

2600 DOUGLAS RD.
SUITE 1100
CORAL GABLES, FL 33144 US



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0555571

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLYNE, REGINALD
2600 DOUGLAS RD.
SUITE 1100
CORAL GABLES, FL 33144

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

Reginald J. Clyne

Signature (type or printed name of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/08

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

U000000913287
05/08/08-80011-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	CLYNE, REGINALD J
STREET ADDRESS	2600 DOUGLAS ROAD
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Reginald J. Clyne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08

Date

(305) 446-3244

Daytime Phone #