## 2008 FOR PROFIT CORPORATION

## May 05, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P95000019866** 05-05-2008 90260 027 \*\*\*150.00 1. Entity Name THE RICHARD BRANDON COMPANY Principal Place of Business Mailing Address 40097598 7301 SW 57 CT 7301 SW 57 CT #440 #440 SOUTH MIAMI, FL 33143 SOUTH MIAMI, FL 33143 01152008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0560612 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MATTAWAY, L. RICHARD DO NOT WRITE 7301 SW 57 CT SUITE 440 IN THIS SPACE SOUTH MIAMI, FL 33143 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 110. TITLE MATTAWAY, L. RICHARD NAME STREET ADDRESS 7301 SW 57 CT., SUITE 440 MIAMI, FL 33143 CITY-ST-ZIP TITLE LURIE, BRANDON NAME STREET ADDRESS 7301 SW 57 CT., SUITE 440 CITY-ST-ZIP SOUTH MIAMI, FL 33143 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 the like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #