
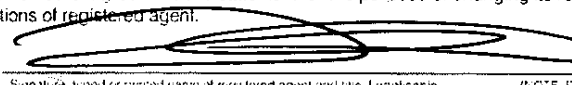



2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90002 016 ***150.00

DOCUMENT # P95000031180					
1. Entity Name PETERSEN & HAWTHORNE, P.A.					
Principal Place of Business 888 E. LAS OLAS BLVD SUITE 700 FORT LAUDERDALE FL 33301			Mailing Address 888 E. LAS OLAS SUITE 700 FORT LAUDERDALE FL 33301		
2. Principal Place of Business - No P.O. Box # 600 West Las Olas Suite, Apt. #, etc. 1105		3. Mailing Address 600 West Las Olas Suite, Apt. #, etc. 1105			
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL		4. FEI Number 65-0574499 Applied For <input type="checkbox"/> Not Applicable	
Zip 33312	Country USA	Zip 33312	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSEN, BYRON G 888 E. LAS OLAS BLVD SUITE 700 FORT LAUDERDALE FL 33301			7. Name and Address of New Registered Agent Name: <u>Petersen, Byron G.</u> Street Address (P.O. Box Number is Not Acceptable): <u>600 West Las Olas Blvd.</u> Suite <u>1105</u> City: <u>FL</u> 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recertifying)</small> </div> <div style="width: 40%; text-align: center;"> <u>Reg. Agent</u> </div> <div style="width: 20%; text-align: right;"> <u>2/18/2008</u> <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME PETERSEN, BYRON G		<input type="checkbox"/> Delete		
STREET ADDRESS 888 E. LAS OLAS BLVD	CITY-ST-ZIP FORT LAUDERDALE FL 33301		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS 600 West Las Olas Blvd. #1105		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP Ft. Lauderdale, FL. 33312			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME	STREET ADDRESS 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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 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

 BYRON G. PETERSEN

2/18/2008

954-213-9081
Daytime Phone