

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90007 003 ***150.00

DOCUMENT # P96000032643					
1. Entity Name WILLIAMS STERN & ASSOCIATES, INC.					
Principal Place of Business %PASTROFF, BARJA KELLY AND COMPANY 10300 SUNSET DR. SUITE 135 MIAMI, FL 33137-3038 US			Mailing Address %PASTROFF, BARJA KELLY AND COMPANY 10300 SUNSET DR. SUITE 135 MIAMI, FL 33137-3038 US		
2. Principal Place of Business - No P.O. Box # 7400 SW 50 TERRACE		3. Mailing Address 7400 SW 50 TERRACE		40031648 	
Suite Apt. #, etc. 304		Suite Apt. #, etc. 304		01182007 Chg-P CR2E034 (12/06)	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 65-0663524	
Zip 33155		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PASTROFF, NANCY G 10300 SUNSET DR STE 135 MIAMI, FL 33137-3038			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable) 7400 SW 50 TERRACE, SUE 304		
City MIAMI FL			Zip Code 33155		
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 remaining) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVT WILLIAMS, JUDITH K 808 VALENCIA AVENUE CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13 WTE CIRCLE SANTA FE NM 87507	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS STERN, ELLIOT J 808 VALENCIA AVENUE CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13 WTE CIRCLE SANTA FE NM 87505	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: <i>Judith K Williams</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Jan. 26, 2007 305-669-8368 Date Telephone		