


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90035 024 ***150.00

DOCUMENT # P96000054522

1. Entity Name
MICHAEL ANTHONY REMY, P.A.



Principal Place of Business
2121 PONCE-DE-LEON BLVD
STE 550
CORAL GABLES, FL 33134

Mailing Address
2121 PONCE-DE-LEON BLVD
STE 550
CORAL GABLES, FL 33134

2. Principal Place of Business, No P.O. Box #
3081 Salzedo Street

3. Mailing Address
3081 Salzedo Street

Suite, Apt. #, etc.
310

Suite, Apt. #, etc.
Suite 310

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip
33134

Country
USA

Zip
33134

Country
USA



01082008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

REMY, MICHAEL A ESQ.
2421 PONCE-DE-LEON BLVD.
STE 660
CORAL GABLES, FL 33134

4. FEI Number
65-0677309

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

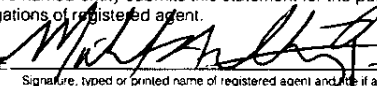
Name

Street Address (P.O. Box Number if Not Acceptable)
3081 Salzedo Street

Suite 310

City **Coral Gables** **FL** Zip Code **33134**

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 reinstating)

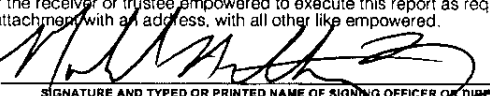
DATE: **1-8-08**

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REMY, MICHAEL A ESQ.			NAME			
STREET ADDRESS	2121 PONCE DE LEON BLVD., #550			STREET ADDRESS	3081 Salzedo Street, Suite 310		
CITY-ST-ZIP	CORAL GABLES, FL 33134			CITY-ST-ZIP	Coral Gables, FL 33134		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  (305) 448-4441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **1-8-08** DAYTIME PHONE #