2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P96000069699 1. Entity Name 01-29-2007 90069 025 ***150.00 RUSSOMANNO & BORRELLO, P.A. Principal Place of Business Mailing Address 150 WEST FLAGLER ST. 150 WEST FLAGLER ST. DUUUUVV SUITE 2101 **SUITE 2101** MIAMI, FL 33130 MIAMI, FL 33130 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 150 W. FLAGLERST 150 WEST FLAGUER ST Suite, Apt. #, etc. Suite, Apt. #, etc 01222007 Chg-P CR2E034 (12/06) #2800 # 2800 50175 City & State 4. FEI Number Applied For n(M)65-0689407 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RUSSOMANNO, HERMAN Street Address (PO Box Number is Not Acceptable) 150 WEST FLAGLER ST. **SUITE 2101** 2800 MIAMI, FL 33130 SULTE City m(Am(Zip Code 33/30 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rehistating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE RUSSOMANNO, HERMAN NAME NAME STREET ADDRESS 150 W. FLAGLEN ST, SUITE 2800 STREET ADDRESS 150 W PLAGLER ST, SUITE 2101 CITY - ST- ZIP CITY-ST-ZIP MIAMI, FL 33130 Change ☐ Delete TITLE Addition TITLE BORRELLO, ROBERT J. NAME STREET ADDRESS 150 W. FLAGUER ST., SUITE Z800 STREET ADDRESS 150 WEST FLAGLER ST., STE. 2101-MIAMI, FL CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete RUSSOMANNO, HERMAN J. ,50 W. FLAHER ST., SUITE 2800 NAME HAME STREET ADDRESS 150 W. FLAGLER ST., STE. 2101. STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP MIAMI, FL TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS 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.

FILED

Jan 29, 2007 8:00 am