

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000029197**

1. Entity Name  
**LOGAN & HIBNICK, P.A.**



Principal Place of Business

**150 WEST FLAGLER ST  
SUITE 2050  
MIAMI, FL 33130**

Mailing Address

**MUSEUM TOWER, SUITE 2050  
150 WEST FLAGLER ST.  
MIAMI, FL 33130**



07102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0742816</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LOGAN, STEWART W  
150 W FLAGLER ST  
MUSEUM TOWER STE 2050  
MIAMI, FL 33130**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT HIBNICK, CYNTHIA MUSEUM TOWER, STE 2050, 150 W FLAGLER ST MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGAN, STEWART W MUSEUM TOWER, STE 2050, 150 W FLAGLER ST MIAMI, FL 33130
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07/13/06-80008-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Cynthia Barnett Hibnick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-06  
Date

(305) 374-4242  
Daytime Phone #

**CYNTHIA BARNETT HIBNICK**