2007 FOR PROFIT CORPORAȚION ANNUAL REPORT

DOCUMENT # P97000098724

1. Entity Name

RUSSELL MANAGEMENT, INC.



Principal Place of Business

1000 A-W-14TH STREET MIAMI, FL 33136-2105 Mailing Address

1000 A-W-14TH STREET MIAMI, FL 33136-2105

FILED
Jan 19, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

01132007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0792981

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOLMAN, DONNA 1000 A-W-14TH STREET MIAMI, FL 33136

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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	000000592744 01/22/07-80004-010 150.00	
10.	OFFICERS AND DIREC	TORS			A I have been to be a second of the second o	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS FAIBISCH, CHARLES 1000 N.W. 14TH ST MIAMI, FL 33136					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1 ·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ss			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby 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 of 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 empayable.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

01/16/07

305