2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P9800000047

1. Entity Name JOHN C. SUMBERG, P.A.



Principal Place of Business

200 S. BISCAYNE BLVD., SUITE 2500 MIAMI, FL 33131

Mailing Address

200 S. BISCAYNE BLVD., SUITE 2500 MIAMI, FL 33131

FILED Feb 19, 2007 8:00 am Secretary of State

02-19-2007 90050 015 ***150.00



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No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0806746

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

					1 oc required
Name and Address of Current Registered Agent					
SUMBERG, JOHN C 200 SOUTH BISCAYNE BLVD. SUITE 2500 MIAMI, FL 33131-2336			DO NOT WRITE IN THIS SPACE		
	named entity submits this statement for the ptions of registered agent.	purpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE; Registere	d Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SUMBERG, JOHN C 200 BISCAYNE BLVD STE 2500 MIAMI, FL 331312336				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			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:

TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER

John C. Sumberg

a 07 305-374-