

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 18, 2008 8:00 am
Secretary of State

DOCUMENT # P99000015870

1. Entity Name

ALISON SPEAR ARCHITECT, P.A.



04-18-2008 90066 001 ***150.00

04-18-2008 90066 002 *****8.75

Principal Place of Business

3815 NE MIAMI CT
MIAMI FL 33137

Mailing Address

3815 NE MIAMI CT
MIAMI FL 33137



2. Principal Place of Business - No P.O. Box #

2025 Brickell Avenue
Apt. 301

3. Mailing Address

2025 Brickell Avenue
Apt. 301

1st MOORE

CR2E034 (10/07)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

74-2911011

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPEAR, ALISON
3815 NE MIAMI CT
MIAMI FL 33137

Change
Address
only

7. Name and Address of New Registered Agent

Name Spear, Alison

Street Address (P.O. Box Number is Not Acceptable)

2025 Brickell Avenue
Apt. 301

City Miami

FL

Zip Code 33129

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 state if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SPEAR, ALISON L
STREET ADDRESS 2025 BRICKELL AVE #301
CITY-ST-ZIP MIAMI FL 33129

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08

(815)
298-0888