

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # P99000081000

1. Entity Name
LEWIS M. RESS, P.A.



Principal Place of Business
12000 BISCAYNE BLVD. #217
NORTH MIAMI, FL 33181

Mailing Address
12000 BISCAYNE BLVD. #217
NORTH MIAMI, FL 33181



02272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0951943	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RESS, LEWIS M
12000 BISCAYNE BLVD. #217
NORTH MIAMI, FL 33181

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

U00000657381
03/14/07-80065-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RESS, LEWIS M
STREET ADDRESS	12000 BISCAYNE BLVD. #217
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	D
NAME	RESS, BRADFORD D
STREET ADDRESS	12000 BISCAYNE BLVD. #217
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	D
NAME	RESS, ESTA B
STREET ADDRESS	12000 BISCAYNE BLVD. #217
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07
Date

305-981-5506
Daytime Phone #