2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000111	1284	lΔ
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1. Entity Name

WILLIAM R. NUERNBERG, P.A.



Principal Place of Business

200 S. BISCAYNE BLVD., SUITE 3410 MIAMI, FL 33131-2397

Mailing Address

200 S. BISCAYNE BLVD., SUITE 3410 MIAMI, FL 33131-2397



DO NOT WRITE IN THIS SPACE

01042007 No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0977472 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NUERNBERG, WILLIAM R 200 S. BISCAYNE BLVD., SUITE 3410 MIAMI, FL 33131-2397

DO NOT WRITE IN THIS SPACE

			A CHEST TO SE	and the control of th
8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or registered agent, or	r both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	applicable (NQTE: 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.		U00000594247 01/22/07-80061-023 150.00
10.	OFFICERS AND DIREC	TORS	programme grant grant	Control of the second of the s
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indicated indicated	ertify that the information supplied with this fill on this report of supplemental report is true at	ing does not qualify for the exe	emptions contained in Chapter	119, Florida Statutes. I further certily that the information

indicated on this report or supplied with this limit does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further carrily that the indicated on this report is report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

MANUAL NES .

CONSTURED NOME OF SIGNING OFFICER OR DIRECTOR

1-16-07 305.9

Daytime Phone #