

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # S47511**

1. Entity Name  
**ANGONES, HUNTER, MCCLURE, LYNCH, WILLIAMS &  
GARCIA, P.A.**



Principal Place of Business

**44 WEST FLAGLER ST  
8TH FLOOR  
MIAMI, FL 33130**

Mailing Address

**44 WEST FLAGLER ST  
8TH FLOOR  
MIAMI, FL 33130**



01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0255214</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MCCLURE, JOHN  
44 WEST FLAGLER STREET  
8TH FLOOR  
MIAMI, FL 33130**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**U00000394734  
01/26/06-80022-011 150.00**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MCCLURE, JOHN
STREET ADDRESS	44 WEST FLAGLER ST, 8TH FLOOR
CITY - ST - ZIP	MIAMI, FL 33130
TITLE	VPD
NAME	HUNTER, STEVEN K.
STREET ADDRESS	66 WEST FLAGLER STREET
CITY - ST - ZIP	MIAMI, FL
TITLE	VPD
NAME	LYNCH, CHRISTOPHER
STREET ADDRESS	66 WEST FLAGLER ST
CITY - ST - ZIP	MIAMI, FL
TITLE	VPD
NAME	WILLIAMS, STEWART D.
STREET ADDRESS	66 WEST FLAGLER STREET
CITY - ST - ZIP	MIAMI, FL
TITLE	DST
NAME	ANGONES, FRANCISCO R
STREET ADDRESS	44 WEST FLAGLER ST, 8TH FLOOR
CITY - ST - ZIP	MIAMI, FL 33130
TITLE	VPD
NAME	GARCIA, LEOPOLDO
STREET ADDRESS	44 WEST FLAGLER ST, 8TH FLOOR
CITY - ST - ZIP	MIAMI, FL 33130

**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

**John McClure, Pres. 1/19/06 3053715000**

Date

Daytime Phone #