


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90051 034 ***150.00

DOCUMENT # S66277 1. Entity Name THE EZELL COMPANY	
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Principal Place of Business 2333 PONCE DE LEON BOULEVARD SUITE 303 CORAL GABLES, FL 33134 US	Mailing Address 2333 PONCE DE LEON BOULEVARD SUITE 303 CORAL GABLES, FL 33134 US
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60002191

2. Principal Place of Business - No P.O. Box # 201 ALHAMBRA CIRCLE	3. Mailing Address 201 ALHAMBRA CIRCLE
Suite, Apt. #, etc. SUITE 711	Suite, Apt. #, etc. SUITE 711

City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
Zip 33134	Zip 33134
Country USA	Country USA

01152007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0277468	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EZELL, BOYCE F III 2333 PONCE DE LEON BOULEVARD #303 CORAL GABLES, FL 33134	
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7. Name and Address of New Registered Agent Name EZELL, BOYCE F. III Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE SUITE 711 City CORAL GABLES FL Zip Code 33134	
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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: **Boyce F. Ezell III** (NOTE: Registered Agent signature required when reinstating) DATE: **1/15/2007**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EZELL, BOYCE F III 2333 PONCE DE LEON BOULEVARD #303 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EZELL, BOYCE F III 201 ALHAMBRA CIRCLE, STE. 711 CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Boyce F. Ezell III** **1/15/07** 305-856-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #