2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# S80330

Entity Name: BLOOM GETTIS HABIB & TERRONE, P.A.

Current Principal Place of Business:

2601 S. BAYSHORE DRIVE
SUITE 1450
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2601 S. BAYSHORE DRIVE
SUITE 1450
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0286987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLOOM, BURT
2601 S. BAYSHORE DRIVE
SUITE 1450
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BLOOM, BURT
Address: 2601 S. BAYSHORE DR., #1450
City-St-Zip: MIAMI, FL 33133

Title: VD ( ) Delete
Name: GETTIS, LAWRENCE
Address: 2601 S. BAYSHORE DR., #1450
City-St-Zip: MIAMI, FL 33133

Title: TD ( ) Delete
Name: HABIB, STEVEN
Address: 2601 S. BAYSHORE DR., #1450
City-St-Zip: MIAMI, FL 33133

Title: SD ( ) Delete
Name: TERRONE, ROGER
Address: 2601 S. BAYSHORE DR., #1450
City-St-Zip: MIAMI, FL 33133

Title: D (X) Delete
Name: ROSNER, CURT A
Address: 2601 S. BAYSHORE DRIVE, 1450
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN HABIB TD 02/14/2007

Electronic Signature of Signing Officer or Director — Date