


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 129561
1. Entity Name
FIRST OF FLORIDA CORPORATION



Principal Place of Business 100 SE 2 ST SUITE 2370 MIAMI, FL 33131 US	Mailing Address 100 SE 2 ST SUITE 2370 MIAMI, FL 33131 US
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DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CRZE034 (11/05)

4. FEI Number 59-0242625	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
ALLEN, JOELLE M
100 SE 2 ST
SUITE 2370
MIAMI, FL 33131

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTM RICKARD, BARBARA A 100 SE 2ND ST STE 2370 MIAMI, FL 331312127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POST, THOMAS E 100 SE 2ND ST STE 2370 MIAMI, FL 331312127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REITER-FARAGALLI, ROBIN 100 SE 2ND ST STE 2370 MIAMI, FL 331312127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/26/06-80056-005 150.00

**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: *Barbara A. Rickard* 04/07/2006 (305) 373-1386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #