2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 291815

1. Entity Name
HUFSEY- NICOLAIDES-GARCIA-SUAREZ ASSOCIATES, INC.

Principal Place of Business	Mailing Address
10250 S.W. 56TH STREET SUITE B-201 MIAMI, FL 33165-7064	10250 S.W. 56TH STREET SUITE B-201 MIAMI, FL 33165-7064

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TALLAHAS... ...ORIDA

01042006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-1100691	Applied For
	Not Applicable

5. Certificate of Status Desired	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, CARLOS
11965 S.W. 100TH TERRACE
MIAMI, FL 33186

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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_____

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	GARCIA, CARLOS
STREET ADDRESS	11965 SW 100TH TERR
CITY-ST-ZIP	MIAMI, FL
TITLE	PD
NAME	SUAREZ, ENRIQUE J
STREET ADDRESS	1003 SANTIAGO ST
CITY-ST-ZIP	CORAL GABLES, FL
TITLE	V
NAME	ORRIOLS, ALBERTO
STREET ADDRESS	14501 S.W. 94TH CT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   1/4/06   3052709935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #