2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 292424

1. Entity Name
PHOENIX ADVERTISING ASSOCIATES INC.

Principal Place of Business	Mailing Address
201 ALHAMBRA CIRCLE 12TH FLR CORAL GABLES, FL 33134-5102	201 ALHAMBRA CIRCLE 12TH FLR CORAL GABLES, FL 33134-5102

DO NOT WRITE IN THIS SPACE

03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1109277

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KERRIGAN, JUANITA I.
201 ALHAMBRA CIR
12TH FLR
CORAL GABLES, FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	MCNAIRY, CHARLES
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SD
NAME	KERRIGAN, JUANITA I.
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	VD
NAME	GETMAN, DENNIS J.
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	T
NAME	RAMA, MICHAEL
STREET ADDRESS	201 ALHAMBRA CIR- 12TH FLR
CITY-ST-ZIP	CORAL GABLES, FL 33134
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: By: Juanita I. Kerrigan Secretary 4/24/06 (305)442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JUANITA I. KERRIGAN