2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 585568

LINDA G. HIRSCH, P.A.

FILED Jan 20, 2006 08:00 AM Secretary of State

Principal Place of Business

1232 PALERMO AV CORAL GABLES, FL 33134-6327

Mailing Address

1232 PALERMO AV

CORAL GABLES, FL 33134-6327



DO NOT WRITE IN THIS SPACE

No Chg-P 01172006 CR2E034 (11/05)

Applied For 4. FEI Number 59-1842307 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIRSCH, LINDA G 1232 PALERMO AVE. CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SDACE

			III	IIIIO GFACE
	named entity submits this statement for the plons of registered agent.	urpose of changing its registered office	or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typod or printed name of registered agent and title if	applicable. (NOTE: Registered Agent sig	nature required when reinstating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIRSCH, LINDA G. 1232 PALERMO AVE. CORAL GABLES, FL			U00000393714 111/25/06-80032-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS GITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA G. HIRSCH