2006 FOR PROFIT CORPORATION ANNUAL REPORT



| DOCUMENT # F39419 1. Entity Name LAW OFFICE OF WILLIAM HUGGETT, P.A. | | | | | | 05-03-2006 9 | 90214 025 * | **150 |).00 |
|---|---|---|--------------|--|--|-----------------------|---------------------|----------------------------|---------------------------|
| Principal Plac 308 ALHAME CORAL GABL | | Mailing Address 308 ALHAMBRA CIRCLE CORAL GABLES, FL 33134-5004 | | 100 | | ADAM GURY BURY BYRK | CINII NEN | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04142006 | Chg-P | CR2E034 (1 | 1/05) | | |
| City & State | | City & State | | | 4. FEI Number 59-2094 | 595 | | | plied For t Applicable |
| Zip | Country Zip Cou | | Coun | try | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | itional |
| | 6. Name and Address of Curren | t Registered Agent | | - | 7. Name and A | duress of New R | egistered Agent | | |
| | | Name | | | | | | | |
| SCORNAVACCA, ANNA 308 ALHAMBRA CIRCLE CORAL GABLES, FL 33134-5004 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | City | FL Zip Code | | | | |
| 8. The above the obligat | named entity submits this statement ions of registered agent. | for the purpose of changing its | register | ed office or register | red agent, or both | , in the State of Flo | rida. I am familia | ar with, | and accept |
| SIGNATURE | | | | | | | | | |
| FIL After Ma | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550 | 9. Election Campa Trust Fund Con | | | .00 May Be led to Fees | | | | , |
| 10. | OFFICERS ANI | D DIRECTORS | 11. | | ADDITIONS/C | HANGES TO OFFI | CERS AND DIRE | CTORS | SIN 11 |
| TITLE | PST | ☐ Delete | TITLE | | | | | hange | ☐ Addition |
| NAME | • | | NAM | l l | | | | | |
| STREET ADDRESS CITY+ST-ZIP | | | | et address - St - Zip | | | | | |
| TITLE | ☐ Delete tim | | tinu | | | | | hange | ☐ Addition |
| NAME | | | NAM | · | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS -ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | П | hange | Addition |
| NAME | | - | . NAM | E | | | | Ü | _ |
| STREET ADDRESS | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | - | -ST-ZIP | | | | | |
| TITLE NAME | | ☐ Delete | TITLE Nam | I | | | | hange | ☐ Addition |
| STREET ADDRESS | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY | -ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | hange | ☐ Addition |
| NAME | | | NAM | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | ET ADDRESS -ST-ZIP | | | | | |
| TITLE | | Delele | TITLE | - | | | | hange | ☐ Addition |
| NAME | 10 | | NAM | I | | | | , wilde | المالمون ت |
| STREET ADDRESS | | | STRE | ET ADDRESS | | | | | |
| | | | | -ST-ZIP | | | | | |
| 12. I hereby | certify that the information supplied wi | th this filing does not qualify f | or the exi | emptions contained | d in Chapter 119, | Florida Statutes. I | further certify the | at the in | formation |

of the corporation of 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: VIC