

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90213 025 ***150.00

DOCUMENT # P02000029740
 1. Entity Name
 DONNA F. MIANO, PA



Principal Place of Business: 110 N OCEAN BLVD, ROMPANO BEACH, FL 33062
 Mailing Address: 7777 GLADES RD, 209, BOCA RATON, FL 33434

60032902

2. Principal Place of Business: 501 EAST Camino Real, Boca Raton, FL
 3. Mailing Address: Suite, Apt. #, etc., City & State

04082006 Chg-P CR2E034 (11/05)
 4. FEI Number: 20-0533760
 Applied For: Not Applicable

Zip: 33432 Country: USA

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

6. Name and Address of Current Registered Agent
 MAHONEY, ROBERT F PA
 7777 GLADES RD
 209
 BOCA RATON, FL 33434

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____

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 <input type="checkbox"/> Delete	NAME: MIANO, DONNA F
STREET ADDRESS: 110 N OCEAN BLVD 501 EAST Camino Real	CITY-ST-ZIP: ROMPANO BEACH, FL 33062 Boca Raton, FL 33432
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	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: *Donna F. Miano* Date: 4/12/06 Daytime Phone #: _____