


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

04-22-2005 90288 046 ***150.00

DOCUMENT # P03000014416

1. Entity Name
 ANNE MONIQUE O'HAYON, P.A.



Principal Place of Business Mailing Address

1911 Collins Av,
 # 2903
 SUNNY ISLES, FL 33160

1911 Collins Av.
 # 2903
 SUNNY ISLES, FL 33160



2. Principal Place of Business 3. Mailing Address

1911 Collins Av.
 Suite, Apt. #, etc.
 2903

1911 Collins Av.
 Suite, Apt. #, etc.
 # 2903

04052005 Chg-P CR2E034 (10/03)

City & State City & State

SUNNY ISLES, FL SUNNY ISLES, FL

Zip Country Zip Country

33160 USA 33160 USA

4. FEI Number Applied For

75-3099578 Not Applicable

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

6. Name and Address of Current Registered Agent

-PEREZ, RAMIRO J
 145 MADEIRA AVE. SUITE 315
 CORAL GABLES, FL 33134

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP O'HAYON, ANNE M 3370 NE 190TH STREET SUITE 1206 AVENTURA, FL 33180	TITLE NAME STREET ADDRESS CITY - ST - ZIP	O'HAYON ANNE U. 1911 Collins Av, suite 2903 SUNNY ISLES, 33160 FL.
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 errant attachment with an address, with all other true and correct information.

SIGNATURE:  DATE: 4/18/2005 DAYTIME PHONE: 305-335-4055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR