2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State
02-23-2006 90011 007 ***150.00

DOCUMENT # P03000055905

1. Entity Name
ALEJANDRO AMADOR, P.A.

Principal Place of Business	Mailing Address
15461 TURNBULL DRIVE MIAMI LAKES, FL 33014 US	15461 TURNBULL DRIVE MIAMI LAKES, FL 33014 US

02022006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
400 ALTON ROAD		400 ALTON ROAD	
Suite, Apt. #, etc.: UNIT NO. 611		Suite, Apt. #, etc.: UNIT NO. 611	
City & State: MIAMI BEACH, FL		City & State: MIAMI BEACH, FLORIDA	
Zip: 33139	Country: U.S.A.	Zip: 33139	Country: U.S.A

4. FEI Number: 56-2363483 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AMADOR, ALEJANDRO 1541 TURNBULL DRIVE MIAMI LAKES, FL 33014	Name: AMADOR, ALEJANDRO Street Address (P.O. Box Number is Not Acceptable): 400 ALTON ROAD UNIT NO. 611 City: MIAMI BEACH, FL Zip Code: 33139

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMADOR, ALEJANDRO 15461 TURNBULL DRIVE MIAMI LAKES, FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AMADOR, ALEJANDRO 400 ALTON ROAD, UNIT NO. 611 MIAMI BEACH, FL 33139	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 Date Daytime Phone #