2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000098960

1. Entity Name CINTRON & COMPANY, PA



FILED
May 01, 2006 08:00 Al
Secretary of State

Principal	Place o	of Business	
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Mailing Address

604 FELLOWSHIP DR. FERN PARK, FL 32730 604 FELLOWSHIP DR. FERN PARK, FL 32730



DO NOT WRITE IN THIS SPACE

04282006 No Chg-P CR2E034 (11/05) _ _ 4. FEI Number | Applied For

4. FEI Number 11-3703120

Not Applicable
\$8.75 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

CINTRON, GEORGIA A 604 FELLOWSHIP DR. FERN PARK, FL 32730

SIGNATURE:

DO NOT WRITE IN THIS SPACE

128/06

8. The above the obligat	named entity submits this statement for the plions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	-
SIGNATURE	Signature, typed or printed name of registered agent and title it	f applicable. (NOTE Registered	Agent signature	required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	U00000544273 05/11/06-80031-012 150.00	
10.	OFFICERS AND DIREC	TORS		·····		-
title Name Street Address City-St-Zip	PD CINTRON, GEORGIA A 604 FELLOWSHIP DR. FERN PARK, FL 32730					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					**	
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
Or the corp	ertify that the information supplied with this filli on this report or supplemental report is true ar oration or the receiver or trustee empowered or on an attachmentwith an address, with all of	io execute this territ as territe	ptions con e shall have d by Chapte	tained in Chapter 119 e the same legal effec er 607, Florida Statute	 Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director is; and that my name appears in Block 10 or Block 11 if 	

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR