


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90116 033 \*\*\*150.00

<b>DOCUMENT # P04000042966</b> 1. Entity Name <b>VIVIAN LABARTA, P.A.</b>					
Principal Place of Business <b>14312 SOUTHWEST 181 TERRACE MIAMI, FL 33177</b>			Mailing Address <b>2725 SALZEDO STREET, 2ND FL CORAL GABLES, FL 33134</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>3676 SW 2ND STREET</b>  Suite, Apt. #, etc. <b>PENTHOUSE 2</b>			
City & State		City & State <b>MIAMI, FL</b>		4. FEI Number <b>20-0915956</b>	
Zip <b>33135</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ABESADA, PETER R ESQ. 2725 SALZEDO STREET 2ND FLOOR CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>ABESADA, PETER R. ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>3676 SW 2ND STREET</b>  City <b>MIAMI</b> <b>FL</b> Zip Code <b>33135</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>PETER R. ABESADA</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>FEBRUARY 23, 2006</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LABARTA, VIVIAN</b> <input type="checkbox"/> Delete <b>14312 SOUTHWEST 181 TERRACE MIAMI, FL 33177</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCEO LABARTA, VIVIANA</b> <input type="checkbox"/> Delete <b>14312 SW 181ST TERRACE MIAMI, FL 33177</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>VIVIAN LABARTA</b>		<b>FEBRUARY 23, 2006</b> <small>Date</small>	
				<b>305-442-7600</b> <small>Daytime Phone #</small>	

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