


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90006 009 ***150.00

DOCUMENT # P04000151873	
1. Entity Name MONICA V. PRANDI, P.A.	

Principal Place of Business 19501 E. COUNTRY CLUB DR., #402 AVENTURA, FL 33180	Mailing Address 19501 E. COUNTRY CLUB DR., #402 AVENTURA, FL 33180
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2. Principal Place of Business 868 SPINNAKER DR WEST	3. Mailing Address 868 SPINNAKER DR WEST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

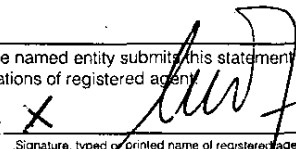
City & State HOVYWOOD FL	City & State HOVYWOOD FL
Zip 33019	Country DADE



03112006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent PRANDI, MONICA V 19501 E. COUNTRY CLUB DR., #402 AVENTURA, FL 33180	
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7. Name and Address of New Registered Agent Name PRANDI MONICA V. Street Address (P.O. Box Number is Not Acceptable) 868 SPINNAKER DR WEST City HOVYWOOD FL Zip Code 33019	
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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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRANDI, MONICA V 19501 E. COUNTRY CLUB DR., #402 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRANDI MONICA V. 868 SPINNAKER DR WEST HOVYWOOD, FL 33019 <input checked="" 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
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.

SIGNATURE: 	3/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #