

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90269 045 ***150.00

DOCUMENT # P05000068577			
1. Entity Name JORGE ERNESTO ELIAM, P.A.			
Principal Place of Business 1250 SOUTH MIAMI AVE., SUITE 914 MIAMI, FL 33131		Mailing Address 1250 SOUTH MIAMI AVE., SUITE 914 MIAMI, FL 33131	
2. Principal Place of Business 1250 SOUTH MIAMI AV Suite, Apt. #, etc. 1614		3. Mailing Address 7105 SW 8 STREET Suite, Apt. #, etc. 306	
City & State MIAMI FL		City & State MIAMI, FL	
Zip 33130 Country		Zip 33144 Country	
6. Name and Address of Current Registered Agent ELIAM, JORGE E 1250 SOUTH MIAMI AVE., SUITE 914 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1250 SOUTH MIAMI AVE. STC 1614 City MIAMI, FL FL Zip Code 33130	
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 9/20/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD <input type="checkbox"/> Delete NAME ELIAM, JORGE E STREET ADDRESS 1250 SOUTH MIAMI AVE., SUITE 914 CITY-ST-ZIP MIAMI, FL 33131	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 1250 SOUTH MIAMI AVE, STC 1614 CITY-ST-ZIP MIAMI, FL 33130	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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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: JORGE E ELIAM		04-20-06 305 226 3443	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>(Date) Daytime Phone #</small>	

