


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

03-15-2006 90114 007 ***150.00

DOCUMENT # P05000076879			
1. Entry Name FLORIDA BROKER ALLIANCE INC			
Principal Place of Business 2711 SW 149 PLACE MIAMI, FL 33185 US		Mailing Address 2711 SW 149 PLACE MIAMI, FL 33185 US	
2. Principal Place of Business 2441 NW 93 AVE #107A		3. Mailing Address 2441 NW 93 AVE #107A	
Suite, Apt. #, etc. DORAL FL 33172		Suite, Apt. #, etc. #107A	
City & State 33172 DADE.		City & State DORAL FL	
Zip 33172		Zip 33172	
Country DADE.		Country DADE.	
4. FEI Number 202940370		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELASCO, NESTOR 2711 SW 149 PLACE MIAMI, FL 33185		7. Name and Address of New Registered Agent Name: Nestor Velasco Street Address (P.O. Box Number is Not Acceptable) 2441 NW 93 AVE #107A City: DORAL FL Zip Code: 33172	
8. The above named entry 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: <i>Nestor Velasco</i> Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering) 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VELASCO, NESTOR 2711 SW 149 PLACE MIAMI, FL 33185 <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	V MILLENNIUM HEALTH PARTNERS 2711 SW 149 PLACE MIAMI, FL 33185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: NESTOR VELASCO <i>Nestor Velasco</i>		Date: 3/28/06 Device Phone #: 305-463-0396	

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