

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000086913

FILED
Aug 22, 2006
Secretary of State

Entity Name: MARIA A. PELL, P.A.

Current Principal Place of Business:

2828 SW 22 ST., UNIT 208
MIAMI, FL 33145

New Principal Place of Business:

2828 SW 22 ST., UNIT 500
MIAMI, FL 33145

Current Mailing Address:

2828 SW 22 ST., UNIT 208
MIAMI, FL 33145

New Mailing Address:

2828 SW 22 ST., UNIT 500
MIAMI, FL 33145

FEI Number: 20-2982781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA CRUZ, LUIS F. JR.
2 ALHAMBRA PLAZA, PH2-C
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PELL, MARIA A.
Address: 2828 SW 22 ST., UNIT 208
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PELL, MARIA A.
Address: 2828 SW 22 ST., UNIT 500
City-St-Zip: MIAMI, FL 33145

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA A. PELL

D

08/22/2006

Electronic Signature of Signing Officer or Director

_____ Date