


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000037175
 1. Entity Name
 PHOENIX ASSOCIATES INTERNATIONAL INC.



Principal Place of Business 13499 BISCAYNE BLVD. #1410 MIAMI, FL 33181 US	Mailing Address 13499 BISCAYNE BLVD #1410 NORTH MIAMI, FL 33181
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DO NOT WRITE IN THIS SPACE



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0420706	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
 FIORE, FRANK A
 13499 BISCAYNE BOULEVARD,
 STE 1410
 NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FIORE, FRANK A 13499 BISCAYNE BLVD. #1410 NORTH MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FIORE, CLAUDIA P 13499 BISCAYNE BLVD #1410 NORTH MIAMI, FL 33181
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/09/06-80020-012 150.00

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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 reports 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:  _____
 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **FRANK A. FIORE** Date: **4-14-06** Daytime Phone #: **305-944-9333**