

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90398 035 \*\*\*150.00

<b>DOCUMENT # P05000063574</b> 1. Entity Name <b>MARCO FONSECA, P.A.</b>					
Principal Place of Business <b>8040 HAMPTON BLVD 205 NORTH LAUDERDALE, FL 33068</b>			Mailing Address <b>8040 HAMPTON BLVD 205 NORTH LAUDERDALE, FL 33068</b>		
2. Principal Place of Business <b>4190 NW 66th PLACE</b> Suite, Apt. #, etc.		3. Mailing Address <b>4190 NW 66th PLACE</b> Suite, Apt. #, etc.			
City & State <b>COCONUT CREEK, FL</b> Zip <b>33073-2018</b>		City & State <b>COCONUT CREEK, FL</b> Zip <b>33073-2018</b>		4. FEI Number <b>20-2828520</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FONSECA, MARCO 8040 HAMPTON BLVD 205 NORTH LAUDERDALE, FL 33068</b>			7. Name and Address of New Registered Agent Name <b>(SAME)</b> Street Address (P.O. Box Number is Not Acceptable) <b>4190 NW 66th PLACE</b> City <b>COCONUT CREEK</b> <b>FL</b> Zip Code <b>33073-2018</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>FONSECA, MARCO 8040 HAMPTON BLVD #205 NORTH LAUDERDALE, FL 33068</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>(SAME)</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4190 NW 66th PLACE COCONUT CREEK, FL 33073-2018</b>	
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	
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	
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.					
<b>SIGNATURE:</b>			<b>04-10-06</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		