## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 23, 2006 08:00 AM Secretary of State

DOCUMENT # 263114  1. Entity Name A.R. TOUSSAINT & ASSOCIATES, INC.						Secre	tary or Sta	.ie
Principal Place of Business 620 N E 126 ST NORTH MIAMI, FL 33161		{	nating Address 520 N E 126 ST NORTH MIAMI, FL 33161	· ·	E AMERICA CON		tit øræt brøge skæn skæft bløgdble tit	<b>T</b> EI
	O NOT W		N TINO ODA	o-	01032006 No Chg-P CR2E034 (11/05)			
L	O NOI W	KILE	V THIS SPA	GE	4. FEI Numb 59-097		Applied Not App  \$8.75 Additiona	lkable
	6. Name and Address	of Current Regis	itered Agent		{		Fee Required	
TOUSSAII 620 NE 12 NORTH M				DO NOT WRITE IN THIS SPACE				
	e named entity submits this tions of registered agent.	statement for the p	ourpose of changing its registers	ed office or register	ed agent, or bo	th, in the State of Florid	a. I am familiar with, and a	ccept
SIGNATURE.	Signature, typed or printed name of	epistered agent and title	Hamplicable. (NOTE Registere	d Agent signature required	when reinstaffing)		DATE	_
FIL After M	E NOWIII FEE IS \$1 ay 1, 2006 Fee will	50.00 be \$550.00	Election Campaign Finan Trust Fund Contribution.		OO May Be			
10. m.e	OFF STD	CERS AND DIREC	CIORS				- · · ·	
name Street Address City-St-DP	TOUSSAINT, NANCY 620 NE 126TH ST MIAMI, FL	· · · · · · · · · · · · · · · · · · ·				Unnr	00336633	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOUSSAINT, ALBERT 620 NE 126TH ST MIAMI, FL	-			·	01/30/0	06-80020-003	158 75
TITLE NAME STREET ADDRESS CHY-ST-ZIP			18 1		DO	NOT WR	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN T	THIS SPA	CE	
TITLE NAME STREET ADDRESS CHY-ST-ZiP		}						
TITLE MAME STREET ADDRESS GITY-ST-ZIP								
12. I heroby certify that the information supplied with this time 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 trustore 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: Jan. 19, 2006 305 891-7340 SIGNATURE AND TYPED OR PRINTED NAME OF BIOMRICE OR DIRECTOR Date Day true Phone &								