

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 473608

1. Entity Name

DELLA PORTA, WARD, AND ASSOCIATES, INC.



Principal Place of Business

250 CATALONIA AVE #706
CORAL GABLES, FL 33134-6727

Mailing Address

250 CATALONIA AVE #706
CORAL GABLES, FL 33134-6727



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1585047

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WARD, PHILIP J
4360 LENNOX DR
MIAMI, FL 33131

**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

Signature, typed or printed name of registered agent and title if applicable

(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 VP
NAME WARD, PHILIP J.
STREET ADDRESS 250 CATALONIA AVE #706
CITY-ST-ZIP CORAL GABLES, FL 331346727

TITLE PT
NAME WARD, PHILIP J.
STREET ADDRESS 250 CATALONIA AVE #706
CITY-ST-ZIP CORAL GABLES, FL 331346727

TITLE S
NAME WARD, MARY S.
STREET ADDRESS 250 CATALONIA AVE #706
CITY-ST-ZIP CORAL GABLES, FL 331346727

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000384679
01/17/06-80025-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Philip J. Ward Philip J. WARD

1/12/06 305-648-3390
Date Daytime Phone #