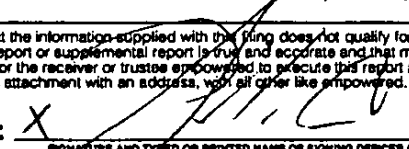
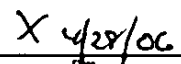


FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90001 025 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 519622		
1. Entity Name CASORIA & GOFF, P.A.		
Principal Place of Business 1040 BAYVIEW DRIVE SUITE 600 FT. LAUDERDALE, FL 33304-2522 US		Mailing Address 1040 BAYVIEW DRIVE SUITE 600 FT. LAUDERDALE, FL 33304-2522 US
DO NOT WRITE IN THIS SPACE		
		40096926 
		04252006 No Chg-P CR2E034 (11/05)
4. FEI Number 59-1702927		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CASORIA, S. M. III 1040 BAYVIEW DRIVE, SUITE 600 FT. LAUDERDALE, FL 33304		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 re-electing) DATE _____		
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$850.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO CASORIA, S. M., III. 1040 BAYVIEW DR. #600 FT LAUDERDALE, FL 33304.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOFF, CHARLES A. 1040 BAYVIEW DRIVE, #600 FORT LAUDERDALE, FL 33304	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 prepare 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:  X 		Daytime Phone # _____