


FILED
Aug 28, 2006 8:00 am
Secretary of State

07-19-2006 90009 009 ***150.00
 08-28-2006 90002 050 ***400.00

**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 536124			
1. Entity Name DE CARDENAS & FREIXAS, P.A.			
Principal Place of Business 25 SOUTHEAST SECOND AVENUE SUITE # 425 MIAMI, FLORIDA 33131		Mailing Address 25 SOUTHEAST SECOND AVENUE SUITE # 425 MIAMI, FLORIDA 33131	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent FREIXAS, M. OSCAR 25 SOUTHEAST SECOND AVENUE SUITE # 425 MIAMI, FLORIDA 33131		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
FL		FL	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE CARDENAS, MARIO E. 25 SOUTHEAST SECOND AVENUE SUITE # 425 MIAMI, FLORIDA 33131 <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	FREIXAS, M. OSCAR 25 SOUTHEAST SECOND AVENUE SUITE # 425 MIAMI, FLORIDA 33131 <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 empowerments.			
SIGNATURE: _____		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

50026451



07112006 Chg-P CR2E034 (11/05)

4. FEI Number **59-1751830** Applied For Not Applicable

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

ATTACHMENT

50026451



FLORIDA DEPARTMENT OF STATE
Secretary of State
Sue M. Cobb
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF INTENT TO DISSOLVE

0102302 01 AV 0.188 **AUTO T1 1 1203 33132-241179



DE CARDENAS & FREIXAS, P.A.
14 NE FIRST AVENUE
SUITE 704
MIAMI FL 33132-2411

*** DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING ***

OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #

536124

DE CARDENAS & FREIXAS, P.A.
14 NE FIRST AVENUE
SUITE 704
MIAMI FL 33132-2411

25 S. W 2nd AVE
Suite 425
Miami FL
33131

We moved: New Address
25 SE 2nd Ave
Suite 425
Miami FL 33131

Note: This is not a change
to the address of record.



2006
CR2E095-2nd 4/06

TO OPEN: FOLD AND TEAR ALONG PERFORATION, THEN PULL APART.

ATTACHMENT

50226451
#53624

DE CARDENAS & FREIXAS, P.A.
ATTORNEYS AT LAW
14 N.E. 1ST AVENUE
SUITE 704
MIAMI, FLORIDA 33132

REMITTANCE ADVICE
<i>Camp</i>

59763

63-27
631

BANK OF AMERICA, N.A., MIAMI, FL

PAY four hundred and no

DOLLARS

TO THE ORDER OF Florida Department of
State

DATE	NET CHECK
8-1-06	\$ 400 ⁰⁰ / ₁₀₀

DE CARDENAS & FREIXAS, P.A.

Rosee Lillibelle

63276-04-03

Security features included. Details on back.

⑈059763⑈ ⑆063100277⑆-0398002057⑈

ATTACHMENT

57026451

LAW OFFICES

#536124

DE CARDENAS & FREIXAS, P.A.
25 SOUTHEAST SECOND AVENUE
SUITE #425 INGRAHAM BUILDING
MIAMI, FLORIDA 33131

MARIO E. DE CARDENAS
M. OSCAR FREIXAS

TELEPHONES
(305) 377-1505
(305) 358-4285

BROWARD LINE
(954) 987-1500

FAX LINE
(305) 358-4296

August 1, 2006

FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FLORIDA 32302-1500

re: **DE CARDENAS & FREIXAS, P.A.**
#536124

To Whom It may Concern:

Enclosed please find our check in the sum of \$400.00 late fee and the signed profit annual report/uniform business report for filing. As we explained on our previous letter, our office moved please correct your records.

Please notice that our office as moved, Our New Address
25 S. E. 2nd Avenue
Suite #425 Ingraham Building
Miami, Florida 3311

Thank you very much for your co-operation in this matter,

Sincerely,

Rosie F. Del Valle, Office Administrator

enc.