



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90122 040 \*\*\*150.00

<b>DOCUMENT # 589733</b> 1. Entity Name <b>ARNOLD I. LEVY, P.A.</b>					
Principal Place of Business <b>9100 SOUTH DADELAND BLVD</b> <b>1404</b> <b>MIAMI, FL 33156 US</b>			Mailing Address <b>9100 SOUTH DADELAND BLVD</b> <b>1404</b> <b>MIAMI, FL 33156 US</b>		
2. Principal Place of Business <b>9130 S. Dadeland Blvd</b> Suite, Apt. #, etc. <b>Suite 1107</b>		3. Mailing Address <b>9130 S. Dadeland Blvd</b> Suite, Apt. #, etc. <b>Suite 1107</b>			
City & State <b>Miami, FL.</b>		City & State <b>Miami, FL.</b>		4. FEI Number <b>59-1854542</b>	
Zip <b>33156</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>LEVY, ARNOLD I.</b> <b>9100 S DADELAND BLVD #1404</b> <b>MIAMI, FL 33156</b>				7. Name and Address of New Registered Agent Name <b>Levy, Arnold I.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9130 S. Dadeland Blvd.</b> <b>Suite 1107</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33156</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 acknowledge the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME	LEVY, ARNOLD I.		NAME		
STREET ADDRESS	8264 SW 84 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Ad	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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, changed, or on an attachment with an address, with all other like empowered.

*Arnold I. Levy*  
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 President