


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 8:00 am
Secretary of State


05-04-2006 90246 048 ***150.00

DOCUMENT # 604648 1. Entity Name ALBERT WILENSKY, P.A.	
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Principal Place of Business 16499 N.E. 19TH AVENUE 215 NORTH MIAMI BEACH, FL 33181 US	Mailing Address 16499 N.E. 19TH AVENUE 215 NORTH MIAMI BEACH, FL 33181 US
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DO NOT WRITE IN THIS SPACE

50018453



04072006 No Chg-P CR2E034 (11/05)

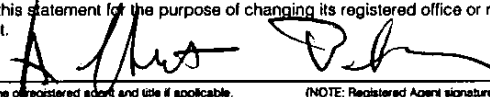
4. FEI Number 59-1501501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WILENSKY, ALBERT
16499 N.E. 19TH AVENUE
SUITE 215
MIAMI, FL 33181**

**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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

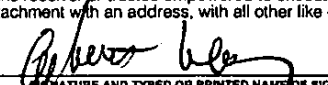
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILENSKY, ALBERT 16499 N.W. 19TH AVENUE -SUITE 215 NORTH MIAMI, FL 33181
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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:  **ALBERT W. WILENSKY** **4/19/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

ATTACHMENT
Law Office

50018453
#604648

ALBERT WILENSKY, P.A.

1717 N Bayshore Drive, Suite 3532
Miami, FL 33132-1169

Tel: (305) 940-3090 Fax: (305) 373-0395

April 19, 2006

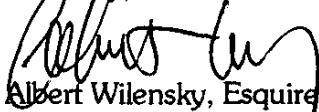
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: Change of Address for Registered Office
FEI Number: 59-1501501

Dear Sir/Madame:

Please be advised that the Law Office of Albert Wilensky, P.A. is now located at 1717 North Bayshore Drive, Suite 3532, Miami, FL 33132-1169.

Sincerely,


Albert Wilensky, Esquire

AW/cct