

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90310 049 ***150.00

DOCUMENT # 692993
 1. Entity Name
 TAYLOR, JONOVIC, WHITE & GENDRON, P.A.



Principal Place of Business Mailing Address
~~25 SE 2ND AVE SUITE 250 MIAMI, FL 33130~~ **155 So. Miami Ave. PH II**
~~25 SE 2ND AVE SUITE 250 MIAMI, FL 33130~~ **155 So. Miami Ave. PH II**

40071226



04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2101118 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 TAYLOR, CRAIG
~~25 SE 2ND AVE, STE 250 MIAMI, FL 33130~~ **155 So. Miami Ave. PH II**

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 _____ (NOTE: Registered Agent signature required when existing) 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	V
NAME	JONOVIC, THOMAS D 155 So. Miami Ave. PH II
STREET ADDRESS	25 SE 2ND AVENUE
CITY-ST-ZIP	MIAMI, FLORIDA 00000, 33130
TITLE	P
NAME	TAYLOR, CRAIG W 155 So. Miami Ave. PH II
STREET ADDRESS	25 SE 2ND AVENUE
CITY-ST-ZIP	MIAMI, FLORIDA 00000, 33130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Thomas D. Jonovic Thomas D. Jonovic 4/21/06 305-358-0395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #