


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90083 024 \*\*\*158.75

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| <b>DOCUMENT # F47235</b><br>1. Entity Name<br><b>CARLOS C. LOPEZ-AGUIAR, P.A.</b>  |   |   |  |             |  |
| Principal Place of Business<br><b>2300 CORAL WAY<br/>SUITE 200<br/>MIAMI, FL 33145</b>   |   |   | Mailing Address<br><b>2300 CORAL WAY<br/>SUITE 200<br/>MIAMI, FL 33145</b>   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |  |
| City & State   |   |   | City & State   |  |  |
| Zip  |   | Country   |  | Zip  |  |
| Country  |   | City & State  |  | 4. FEI Number<br><b>59-2124810</b>   |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |   |   |  | Applied For<br>Not Applicable  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>FLORIDA ANNUAL REPORT SERVICES, INC.<br/>2300 CORAL WAY<br/>SUITE 200<br/>MIAMI, FL 33145</b>   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |  |
| FL   |   |   | Zip Code   |  |  |
| 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 reinstating) DATE _____  |   |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 6, 2006</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PD<br>LOPEZ-AGUIAR, CARLOS C<br>2300 CORAL WAY SUITE 100<br>MIAMI, FL 33145 | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>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 empowered. |   |   |  |  |  |
| <b>SIGNATURE:</b> _____  |   | P.R.  |  | 5/8/06   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | (305) 856-0056  |  | Daytime Phone #  |  |

# ATTACHMENT

## FLORIDA ANNUAL REPORT SERVICES, INC.

2300 Coral Way, Suite 200

Miami, Florida 33145

Phone (305) 856-0056

Fax (305) 856-2030

40089858  
#F47235

May 8, 2006

Mr. Sean Toner  
Division of Corporations  
2670 Executive Center Circle  
Suite 100  
Tallahassee, Fl. 32301

Re: **Renewal Uniform Business Reports**

Dear Mr. Toner:

Enclosed please find the following 2006 Uniform Business Report (UBR), Corporation Renewal form, with its corresponding fee.

1 CARLOS C. LOPEZ-AGUIAR, P.A.

Please do not hesitate to contact us if you should have any questions concerning any of the entities listed above.

Sincerely,

**Florida Annual Report Services, Inc.**

Lupe Gonzalez

Enclosure