

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 24, 2006 08:00 AM
Secretary of State



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|--|---|---|---|--|--|
| DOCUMENT # F73381 1. Entity Name PROBY AND ASSOCIATES, INC. | | | | | |
| Principal Place of Business 7300 N KENDALL DR. #519 MIAMI FL 33156 | | | | Mailing Address 7300 N KENDALL DR. #519 MIAMI FL 33156 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | 1st MOORE CR2E034 (10/05) | |
| City & State | | City & State | | 4. FEI Number 59-2238650 | |
| Zip Country | | Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CLARK, NATHAN, ESQ. 210 WEST FLAGLER ST MIAMI FL 33130 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/> | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD PROBY, SANDRA H 13221 SW 69TH CT MIAMI FL 33156 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | U00000528589 05/05/06-80037-024 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PROBY, LUCIEN C III 13221 SW 69TH CT MIAMI FL 33156 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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: <i>Sandra H. Proby</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | 4/17/06 (305)670-03 Date Daytime Phone # | | |