


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

| | |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # G34523 1. Entity Name LTC PROFESSIONAL CONSULTANTS, INC. |  |
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|--------------------------------------------------------------------|--------------------------------------------------------|
| Principal Place of Business 7400 SW 48 ST MIAMI, FL 33155 US | Mailing Address 7400 SW 48 ST MIAMI, FL 33155 US |
|--------------------------------------------------------------------|--------------------------------------------------------|



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
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| 4. FEI Number 59-2278012 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SILA, LUIS 7400 SW 48 ST MIAMI, FL 33155 |
|--------------------------------------------------------------------------------------------------------------|

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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 registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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 NAME STREET ADDRESS CITY-ST-ZIP | PVST SILA, LUIS 7400 SW 48 ST MIAMI, FL 33155 |
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02/20/06-80023-003 150.00

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/06 305-668-4540
Date Daytime Phone 4