



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90007 035 \*\*\*550.00

<b>DOCUMENT # H06523</b> 1. Entity Name <b>WOMACK, APPLEBY &amp; SILVA, P.A.</b>					
Principal Place of Business <b>7700 N KENDALL DR #705</b> <b>MIAMI, FL 33156</b>			Mailing Address <b>7700 N KENDALL DR #705</b> <b>705</b> <b>MIAMI, FL 33156</b>		
2. Principal Place of Business <b>7700 N. Kendall Dr</b> Suite, Apt. #, etc. <b>708</b>		3. Mailing Address <b>7700 N. Kendall Dr</b> Suite, Apt. #, etc. <b>708</b>			
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>		4. FEI Number <b>59-2410670</b>	
Zip <b>33156</b> Country <b>Miami-Dade</b>		Zip <b>33156</b> Country <b>Miami-Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WOMACK, VICTOR H.</b> <b>7700 N KENDALL DR #705</b> <b>MIAMI, FL 33156</b>				7. Name and Address of New Registered Agent Name <b>WOMACK, VICTOR H.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7700 N. Kendall Dr #708</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33156</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <b>WOMACK, VICTOR H.</b> <b>7700 N KENDALL DR 705</b> <b>MIAMI, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>change suite # only to 708</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS 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> <u><b>Victor H. WOMACK</b></u> <b>VICTOR H WOMACK</b> <b>7/17/06</b> <b>305-2792130</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					