


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90430 031 ***158.75

DOCUMENT # J69030
 1. Entity Name
MILTON M. FERRELL, JR., P.A.



Principal Place of Business Mailing Address
4511 LAKE ROAD **4511 LAKE ROAD**
MIAMI, FL 33137 **MIAMI, FL 33137**

40080367



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04262006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For
59-2799484 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DACASTLGLIONE MAYRA C
201 SOUTH BISCAYNE BLVD
STE 3400 MIAMI CENTER
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name **Mayra C. Da Castiglione**
 Street Address (P.O. Box Number is Not Acceptable) **201 S. Biscayne Blvd.**
STE 3400, miami Center
 City **miami** FL Zip Code **33131**

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 *Mayra C. Da Castiglione* DATE **4/28/06**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PO	<input checked="" type="checkbox"/> Delete
NAME	FERRELL, MILTON M. JR	
STREET ADDRESS	201 SOUTH BISCAYNE BLVD STE 3400	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRELL, MILTON M JR	
STREET ADDRESS	201 SOUTH BISCAYNE BLVD STE 3400	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DA CASTIGLIONE, MAYRA C	
STREET ADDRESS	201 S BISCAYNE BLVD., STE. 3400	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ferrell, milton m., jr.	
STREET ADDRESS	201 S. Biscayne Blvd., STE 3400	
CITY-ST-ZIP	miami, FL. 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 *Mayra C. Da Castiglione* DATE **4/28/06** DAYTIME PHONE # **305-371-8585**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR