## 2006 FOR PROFIT CORPORATION— ANNUAL REPORT (AR)

**SIGNATURE** 

## **Secretary of State** DOCUMENT# K48241 1. Entity Name 02-27-2006 90088 024 \*\*\*150.00 GONZALO R. DORTA, P.A. Principal Place of Business Mailing Address 334 MINORCA AVENUE CORAL GABLES FL 33134 334 MINORCA AVENUE CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 4. FEI Number City & State 65-0094451 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DORTA, GONZALO R. Street Address (P.O. Box Number is Not Acceptable) 334 MINORCA AVENUE CORAL GABLES FL 33134 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. President, Trea; Secry D. Gonzalo R. Dorta D, Pres, Secretary, Trea. Change TITLE ☐ Delete TITLE DORTA, GONZALO R. NAME 334 Minorca And 806 PARMA AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Change ☐ Addition TITL F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP by for the exemptions contained in Section 119, Florida Statutes. I further certify that the information lat my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 I hereby certify that the information supplied with this indicated on this report or supplemental report is true filing does not qual and accurate and the of the corporation or the receiver of trustee empow if changed, or on an attachment with an address. red to execute this ith all other like en red.

FILED

Feb 27, 2006 8:00 am