

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90149 042 \*\*\*150.00

**DOCUMENT # K56150**

1. Entity Name  
LOUIS DAVID HUSS, P.A.



Principal Place of Business  
9130 S DADELAND BD  
# 1218  
MIAMI, FL 33156 US

Mailing Address  
9130 S DADELAND BD  
# 1218  
MIAMI, FL 33156 US

**DO NOT WRITE IN THIS SPACE**



01032006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0092068

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

HUSS, LOUIS DAVID  
9130 S DADELAND BD  
# 1218  
MIAMI, FL 33156

**DO NOT WRITE  
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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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 P  
NAME HUSS, LOUIS DAVID  
STREET ADDRESS 9130 S DADELAND BD ~~#1218~~ 1218  
CITY-ST-ZIP MIAMI, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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

LOUIS DAVID  
HUSS

4/17/06

Date

305 668  
4877

Daytime Phone #