
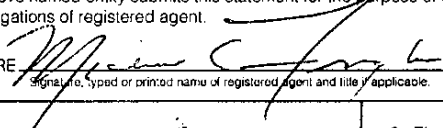
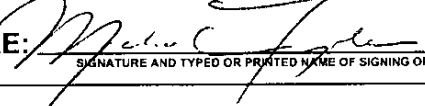


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90201 024 ***150.00

DOCUMENT # K89068 1. Entity Name MICHELLE C. FRIGOLA, P.A.					
Principal Place of Business 5340 N. FEDERAL HWY STE 103 LIGHTHOUSE POINT, FL 33064 US			Mailing Address 5340 N. FEDERAL HWY STE 103 LIGHTHOUSE POINT, FL 33064 US		
2. Principal Place of Business 4701 N. Federal Hwy., Suite, Apt. #, etc. Suite 480 City & State Lighthouse Point, FL Zip 33064 Country USA		3. Mailing Address P.O. Box 5925 Suite, Apt. #, etc. City & State Lighthouse Point, FL Zip 33064 Country USA			
04252006 Chg-P CR2E034 (11/05)					
4. FEI Number 65-0115854				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent FRIGOLA, MICHELLE C 5340 NORTH FEDERAL HIGHWAY, SUITE 103 LIGHTHOUSE POINT PROFESSIONAL CENTER LIGHTHOUSE POINT, FL 33064			7. Name and Address of New Registered Agent Name Michelle C. Frigola Street Address (P.O. Box Number is Not Acceptable) 4701 N. Federal Highway Suite 480 City Lighthouse Point FL Zip Code 33064		
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  Michelle C. Frigola 4/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME FRIGOLA, MICHELLE C PRES. STREET ADDRESS 5340 NORTH FEDERAL HWY STE 103 CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete		TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 4701 N. Federal Hwy., Suite 480 STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		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.					
SIGNATURE:  Michelle C. Frigola, Pres. 4/25/06 (954) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

360-0907