2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT# L08172 1. Entity Name				Secretary of State		
PAUL J C	ANALI D.C., P.A.	•				
Principal Plac	e at Business	Mailing Address				
6350 SUNSET DR 3RD FLOOR MIAMI FL 33143-836 US		6350 SUNSET DR 3RD FLOOR MIAMI FL 33143-836 US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E034 (10/05)	
City & State		City & State		4. FEI Number 65-017746	Applied For Not Applica	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New	Registered Agent	
CANALI, PAUL J. 13745 SW 74TH COURT MIAMI FL 33158			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip Code	
	named entity submits this statement tions of registered agent.					
	Signature, typed or printed name of registered age	ent and title if applicable (NOTE:	Registered Agent signature require	d when reinstating)	DATE	
After	TLE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department			9. Election Cam Trust Fund Co	<u> </u>	
10.	OFFICERS AN	D DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CANALI, PAUL J 13745 SW 74 C.T MIAMI FL 33158	Cercte	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ A449	
TITLE NAME STREET ADDRESS CXY-ST-ZIP	VD GREENE, STACEY L 13745 SW 74TH COURT MIAMI FL 33158	□ Dolete	THLE NAME STREET ADDRESS CITY-ST-ZIP	U000004 02/25/06-8	34841 □ Change □ A45 19018-007 150.00	
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TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Oefete	KILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Citange ☐ Addi	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME SIREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addi	
THEE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TRILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information indicated on this report or suppliemental 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 direction of the corporation or the receiver in trustee empowered to effect this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1 if changed, or on an attachment with an address withall other tike empowered.

SIGNATURE:

1/12

2/10/06 (305)667-81

FILED