2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 26, 2006 08:00 AN Secretary of State

Fee Required

DOC	UN	1EN	JT#	L40	908	3
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1. Entity Name

OLIN, GOTTLIEB, ROTOLANTE, VILLALOBOS & CO., P.A.



Principal Place of Business

% ROGER F ROTOLANTE 1320 S DIXIE HWY SUITE 820 CORAL GABLES, FL 33146 Mailing Address

% ROGER F ROTOLANTE 1320 S DIXIE HWY SUITE 820 CORAL GABLES, FL 33146



DO NOT WRITE IN THIS SPACE

06212006 NO Chg-P	CRZ	E034 (11/05)
4. FEI Number		Applied For
59-2981507		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional

6. Name and Address of Current Registered Agent

ROTOLANTE, ROGER F 1320 S DIXIE HWY SUITE 820 CORAL GABLES, FL 33146

SIGNATURE:

DO NOT WRITE IN THIS SPACE

SIGNATURE								
	Signature, typed or printed name of registered agent and titl	le il applicable.	(NOTE: Registered Agent	signature	required when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Finant Trust Fund Contribution.				\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10.	OFFICERS AND DIRE	CTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTOLANTE, ROGER F 1320 S DIXIE HWY #820 CORAL GABLES, FL							
TITLE NAME STREET ADDRESS CITY+ST+ZIP	STD VILLALOBOS, RICHARD J 1320 S DIXIE HWY #820 CORAL GABLES, FL					000000567648 06/26/06-80005-008 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					DO	NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP					IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
of the cor	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower, or on an attacyment with an address, with	ed to execute this re	eport as required b	ons coi hall hav y Chap	ntained in Chapter 11 ve the same legal effe ter 607. Florida Statut	9, Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es: and that my name appears in Block 10 or Block 11 if		

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