

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90088 006 \*\*\*150.00

**DOCUMENT # L63816**

1. Entity Name  
**TERESITA BLANCA, P.A.**



Principal Place of Business

**735 CRANDON BLVD  
504  
KEY BISCAVNE, FL 33149 US**

Mailing Address

**735 CRANDON BLVD  
504  
KEY BISCAVNE, FL 33149 US**

2. Principal Place of Business

**200 South Biscayne Blvd**

3. Mailing Address

**1032 Andalucia Avenue**

Suite, Apt. #, etc.  
**Suite 2800**

Suite, Apt. #, etc.

City & State  
**Miami, Fl**

City & State  
**Coral Gables, Fl**

Zip  
**33131**

Country

Zip  
**33134**

Country

04252006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**65-0198627**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BLANCA, TERESA  
735 CRANDON BLVD  
504  
KEY BISCAVNE, FL 33149**

7. Name and Address of New Registered Agent

Name

**Blanca, Teresa**

Street Address (P.O. Box Number is Not Acceptable)

**1032 Andalucia Avenue**

City  
**Coral Gables**

FL

Zip Code  
**33134**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BLANCA, TERESA  
735 CRANDON BLVD  
KEY BISCAVNE, FL 33149** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
BLANCA, TERESA  
735 CRANDON BLVD  
KEY BISCAVNE, FL 33149** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Blanca, Teresa  
1032 Andalucia Avenue  
Coral Gables, Fl 33134** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
Blanca, Teresa  
1032 Andalucia Avenue  
Coral Gables, Fl 33134** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*T. Blanca*

4/29/06

305.573.7869