



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-09-2006 90093 009 ***150.00

DOCUMENT # L66247 1. Entity Name PORRO & WELCH, P.A.					
Principal Place of Business % HAROLD B. WELCH 3010 N ARMENIA AVE TAMPA, FL 33607			Mailing Address % HAROLD B. WELCH 3010 N ARMENIA AVE TAMPA, FL 33607		
2. Principal Place of Business Harold B. Welch Suite, Apt. #, etc. 5103 N. Armenia Ave. City & State Tampa, FL Zip 33603		3. Mailing Address Harold B. Welch Suite, Apt. #, etc. 5103 N. Armenia Ave. City & State Tampa, FL Zip 33603			
4. FEI Number 65-0196471		01152006 Chg-P CR2E034 (11/05)			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WELCH, HAROLD B. 3010 N ARMENIA AVE TAMPA, FL 33607-4997			7. Name and Address of New Registered Agent Name Harold B. Welch Street Address (P.O. Box Number is Not Acceptable) 5103 N. Armenia Ave City Tampa FL Zip Code 33603		
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 <u><i>Harold Welch</i></u> DATE <u>4/28/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST WELCH, HAROLD B. 3010 N ARMENIA AVE TAMPA, FL <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	DP PORRO, GUILLERMO 3010 N ARMENIA AVE TAMPA, FL <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	
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: <u><i>Guillermo Porro</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/28/06</u> Daytime Phone # <u>874-5615</u>		