


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 08:00 AM
Secretary of State

DOCUMENT # M16771	
1. Entity Name HALEY, SINAGRA, PAUL & TOLAND, P.A.	

Principal Place of Business 100 SE THIRD AVE. SUITE 1900 FT. LAUDERDALE, FL 33394	Mailing Address 100 SE THIRD AVE. SUITE 1900 FT. LAUDERDALE, FL 33394
--	--

DO NOT WRITE IN THIS SPACE



06132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2544720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SINAGRA, FRANK J. 100 SE THIRD AVENUE, SUITE 1900 FT. LAUDERDALE, FL 33394

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINAGRA, FRANK J. 100 SE THIRD AVENUE SUITE 1900 FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALEY, JAMES T. 100 SE THIRD AVENUE SUITE 1900 FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAUL, JAMES P 100 SE THIRD AVENUE, SUITE 1900 FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TOLAND, HOWARD S 100 SE THIRD AVENUE, SUITE 1900 FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEYER-BEDNAR, LORI L 100 SE THIRD AVENUE, SUITE 1900 FT. LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000567287
06/19/06-80001-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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: 	6/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #