


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90229 046 \*\*\*150.00

**DOCUMENT # M46910**

1. Entity Name  
**DE MOLINA AND ASSOCIATES, INC.**



Principal Place of Business      Mailing Address

~~299 ALHAMBRA CIR~~      ~~299 ALHAMBRA CIR~~  
~~#501~~      ~~#501~~  
**MIAMI FL 33134**      **MIAMI FL 33134**  
 US



2. Principal Place of Business      3. Mailing Address

**1150 NW 72 AVE**      **1150 NW 72 AVE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**420**      **420**

1st MOORE      CR2E034 (10/05)

City & State      City & State

**MIAMI - FL**      **MIAMI - FL**

Zip      Country      Zip      Country

**33126**      **USA**      **33126**      **USA**

4. FEI Number      Applied For

**59-2768094**       Not Applicable

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

6. Name and Address of Current Registered Agent

**DE MOLINA, OCTAVIO, GOMEZ**  
~~299 ALHAMBRA CIR STE 301~~  
~~#501~~  
**MIAMI FL 33134**

7. Name and Address of New Registered Agent

Name  
**GOMEZ**

Street Address (P.O. Box Number is Not Acceptable)  
**1150 NW 72 AVE # 420**

City      State      Zip Code

**MIAMI**      **FL**      **33126**

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      *Octavio Gomez de Molina*      **PRESIDENT + OWNER**      **OCTAVIO GOMEZ DE MOLINA**      **4/10/06**

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**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing       **\$5.00** May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PTD <input type="checkbox"/> Delete
NAME	GOMEZ, DE MOLINA OCTAVIO
STREET ADDRESS	<del>299 ALHAMBRA CIR #501</del>
CITY-ST-ZIP	<del>MIAMI FL 33134</del>
TITLE	<input type="checkbox"/> Delete
NAME	SECRETARY
STREET ADDRESS	STEPHEN DEMOLINA
CITY-ST-ZIP	1150 NW 72 AVE # 420 MIAMI - FL 33126
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1150 NW 72 AVE # 420
CITY-ST-ZIP	MIAMI - FL. 33126
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECRETARY
STREET ADDRESS	STEPHEN DEMOLINA
CITY-ST-ZIP	1150 NW 72 AVE # 420 MIAMI - FL. 33126
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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: *Octavio Gomez de Molina*      **4/10/06**      **(305) 418-8981**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #