


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

01-24-2006 90018 019 ***150.00

DOCUMENT # P00000050406	
1. Entity Name PATRICIA KIMBALL FLETCHER, P.A.	

Principal Place of Business 200 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131	Mailing Address 200 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131
---	---

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1009873	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 FLETCHER, PATRICIA K 200 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131

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: Patricia K Fletcher DATE: 1/6/06

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KIMBALL FLETCHER, PATRICIA 200 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLETCHER, CHRISTOPHER A 2732 SW 2 AVENUE MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Patricia K Fletcher DATE: 2/22/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



ATTACHMENT

60002431

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2006

PATRICIA KIMBALL FLETCHER, P.A. ✓
200 S. BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131

Subject: **PATRICIA KIMBALL FLETCHER, P.A.**

Reference Number: **P00000050406**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE

ANNUAL REPORTS SECTION