


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90091 001 ***150.00

DOCUMENT # P00000062820 1. Entity Name MARA ALYSON MUSTER, P.A.			
Principal Place of Business 11764 W SAMPLE RD SUITE 105 CORAL SPRINGS FL 33065		Mailing Address 11764 W SAMPLE RD SUITE 105 CORAL SPRINGS FL 33065	
2. Principal Place of Business 2832 University Drive Suite, Apt. #, etc.		3. Mailing Address <i>Same</i> Suite, Apt. #, etc.	
City & State Coral Springs		City & State <i>Same</i>	
Zip 33065		Country USA	
4. FEI Number 65-1020514		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUSTER, MARA 10235 W SAMPLE RD 11764 W Sample Rd 110 CORAL SPRINGS FL 33065		7. Name and Address of New Registered Agent Name <i>(address change - only)</i> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>M. Muster</i> (NOTE: Registered Agent signature required when reinstating) DATE 2-16-06			
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 Trust Fund Contribution. <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	D MUSTER, MARA A 11764 W SAMPLE RD STE 105 CORAL SPRINGS FL 33065	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>M. Muster</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 2-16-06 DAYTIME PHONE #: 954-757-0080	