

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064309

**FILED**  
**Apr 09, 2006**  
**Secretary of State**

**Entity Name:** CIOLA & ASSOCIATES, INC.

**Current Principal Place of Business:**

136 SANTANDER AVE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

136 SANTANDER AVE  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-1033222

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CIOLA, SANDRA  
136 SANTANDER AVE  
MIAMI, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CIOLA, CLAUDE M  
Address: 136 SANTANDER AVE  
City-St-Zip: MIAMI, FL 33134

Title: V ( ) Delete  
Name: CIOLA, SANDRA  
Address: 136 SANTANDER AVE  
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA CIOLA

VP

04/09/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date