
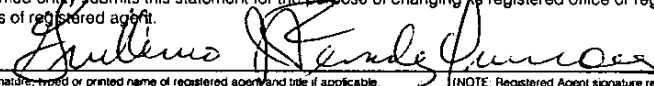



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90075 045 ***150.00

DOCUMENT # P0000074531			
1. Entity Name GUILLERMO J. FERNANDEZ-QUINCOSES, P.A.			
Principal Place of Business 200 S BISCAYNE BLVD, 41ST FLOOR MIAMI, FL 33131		Mailing Address 200 S BISCAYNE BLVD, 41ST FLOOR MIAMI, FL 33131	
2. Principal Place of Business 100 SE 2nd Street		3. Mailing Address 100 SE 2nd Street	
Suite, Apt. #, etc. 34th Floor		Suite, Apt. #, etc. 34th Floor	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country	Zip 33131	Country
6. Name and Address of Current Registered Agent FERNANDEZ-QUINCOSES, GUILLERMO J ESQ 200 S BISCAYNE BLVD, 41ST FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name GUILLERMO J. FERNANDEZ-QUINCOSES, ESQ. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street, 34 Floor City Miami FL Zip Code 33131	
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: 		DATE: 1/25/06	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ-QUINCOSES, GUILLERMO J ESQ 200 S BISCAYNE BLVD, 41ST FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUILLERMO J. FERNANDEZ-QUINCOSES, ESQ. 100 SE 2nd Street, 34th Floor Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 1/25/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	