
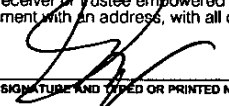


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90028 032 ***150.00

DOCUMENT # P00000100351 1. Entity Name DAWN FORGIONE, P.A.																											
Principal Place of Business 5533 N MILITARY TRAIL APT 1709 BOCA RATON, FL 33496		Mailing Address 5533 N MILITARY TRAIL APT 1709 BOCA RATON, FL 33496																									
2. Principal Place of Business 531 N. Ocean Blvd Suite, Apt. #, etc. # 1705 City & State Pompano Beach FL Zip 33062 Country USA		3. Mailing Address 531 N. Ocean Blvd Suite, Apt. #, etc. Apt. 1705 City & State Pompano Beach FL Zip 33062 Country USA																									
4. FEI Number 65-1051230		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired - <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MILLS, GARY M 1761 W HILLSBORO BLVD STE 104 DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 90%;"> DPVS <input type="checkbox"/> Delete FORGIONE, DAWN 531 N. Ocean Blvd APT 1705 5533 S MILITARY TRAIL APT 1709 BOCA RATON, FL 33496 Pompano Beach FL 33062 </td> </tr> <tr> <td>TITLE</td> <td> T <input type="checkbox"/> Delete FORGIONE, DAWN 531 N. Ocean Blvd 5533 S MILITARY TRAIL APT 1709 APT 1705 BOCA RATON, FL 33496 Pompano Beach, FL 33062 </td> </tr> <tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr> </table>		TITLE	DPVS <input type="checkbox"/> Delete FORGIONE, DAWN 531 N. Ocean Blvd APT 1705 5533 S MILITARY TRAIL APT 1709 BOCA RATON, FL 33496 Pompano Beach FL 33062	TITLE	T <input type="checkbox"/> Delete FORGIONE, DAWN 531 N. Ocean Blvd 5533 S MILITARY TRAIL APT 1709 APT 1705 BOCA RATON, FL 33496 Pompano Beach, FL 33062	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 90%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP </td> </tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td>TITLE</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<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 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: 		2/8/06 954 234-9667																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>																									