


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90457 016 ***150.00

DOCUMENT # P00000107721					
1. Entity Name RAUL RICARDO, C.P.A., P.A.					
Principal Place of Business 1840 W 49TH ST, STE 100 HIALEAH, FL 33012			Mailing Address 1840 W 49TH ST, STE 100 HIALEAH, FL 33012		
2. Principal Place of Business 1840 W. 49th St. Suite, Apt. #, etc. 220-1		3. Mailing Address Same			
City & State Hialeah, Florida		City & State		4. FEI Number 65-1074088	
Zip 33012		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RICARDO, RAUL C.P.A. 1840 W 49TH ST, STE 100 HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name: <u>Raul Ricardo</u> Street Address (P.O. Box Number is Not Acceptable): <u>1840 W. 49th St., #220-1</u> City: <u>Hialeah</u> FL Zip Code <u>33012</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/21/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: <u>D</u> <input type="checkbox"/> Delete NAME: <u>RICARDO, RAUL C.P.A.</u> STREET ADDRESS: <u>1840 W 49TH ST, STE 100</u> CITY-ST-ZIP: <u>HIALEAH, FL 33012</u>	TITLE: <u>P/D</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <u>Ricardo, Raul</u> STREET ADDRESS: <u>1840 W. 49th St., #220-1</u> CITY-ST-ZIP: <u>Hialeah, FL 33012</u>				
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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, and all other like empowered.					
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <u>4/21/06</u> (305) 829-1041 Daytime Phone #		