


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000004419</b>	
1. Entity Name <b>GILDA J. MOLINA, P.A.</b>	

Principal Place of Business <b>1666 WEST AVE STE 511 MIAMI BEACH, FL 33139</b>	Mailing Address <b>1666 WEST AVE STE 511 MIAMI BEACH, FL 33139</b>
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04062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1066133</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>MOLINA, GILDA J 1666 WEST AVE STE 511 MIAMI BEACH, FL 33139</b>
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**DO NOT WRITE  
IN THIS SPACE**

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: *Gilda J. Molina* 04/06/06  
Signature, typed or printed name of registered agent and this if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>After May 1, 2006 Fee will be \$550.00</b>	Trust Fund Contribution. <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD MOLINA, GILDA J 1666 WEST AVE STE 511 MIAMI BEACH, FL 33139
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04/24/05-80010-022 150.00

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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: *Gilda J. Molina* 04/06/06 (305) 649-8404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #