
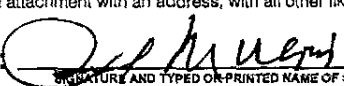


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2006 08:00-AM
Secretary of State

DOCUMENT # P01000009934		
1. Entity Name ISMAEL MOREJON, PA		
Principal Place of Business 1919 NE 45TH ST., #114 FT. LAUDERDALE, FL 33308	Mailing Address 1919 NE 45TH ST., #114 FT. LAUDERDALE, FL 33308	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MOREJON, ISMAEL 1919 NE 45TH ST., #114 FT. LAUDERDALE, FL 33308		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOREJON, ISMAEL 1919 NE 45TH ST., #114 FT. LAUDERDALE, FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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  Ismael Morejon 1/6/06		952 491-5179



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1100819	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000380989
01/11/06-80035-024 150.00

**DO NOT WRITE
IN THIS SPACE**