

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90008 010 ***150.00

DOCUMENT # P01000052664 1. Entity Name MANSUR & AGUIAR, P.A.					
Principal Place of Business 910 S.W. 21ST STREET BOCA RATON, FL 33486		Mailing Address 910 S.W. 21ST STREET BOCA RATON, FL 33486			
2. Principal Place of Business <i>6687 STRATFORD DR</i> Suite, Apt. #, etc.		3. Mailing Address <i>6687 STRATFORD DR</i> Suite, Apt. #, etc.			
City & State <i>PARKLAND FL</i> Zip <i>33067</i> Country <i>US</i>		City & State <i>PARKLAND FL</i> Zip <i>33067</i> Country <i>US</i>		4. FEI Number 65-1108010	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILLER, JOHN P 2499 GLADES RD #305 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGUIAR, JOSE 910 S.W. 21ST STREET BOCA RATON, FL 33486	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>6687 STRATFORD DR PARKLAND FL 33067</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANSUR, VILMA 910 S.W. 21ST STREET BOCA RATON, FL 33486	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>6687 STRATFORD DR PARKLAND FL 33067</i>
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	
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: <i>Jose Aguiar</i> JOSE AGUIAR- PRESIDENT <i>2.15.06</i> <i>5617563060</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					