2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2006 8:00 am Secretary of State

DOCUMENT # P01000074347 1. Entity Name							03-09-2006 90163 049 ***150.00					
PAZ & PAZ, P.A.												
Principal Place of Business Mailing Address]	*				
325 N.W. 121ST COURT			325	325 N.W. 121ST COURT								
MIAMI, FL 33182				MIAMI, FL 33182								
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2. Principal Pl	ace of Busin	ness	3. Ma	3. Mailing Address			1					
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Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			02072006	Chg-P	CR2E0	34 (11/05)		
City & State			City	City & State			4. FEI Number 65-112			1	olied For Applicable	
Zip	Zip Country		Zip	Zip Coun		try	<u> </u>			\$8.75 Addi		
, -						•	5. Certificate	of Status Desired		Fee Required		
6. Name and Address of Current Registered Agent							7. Name and	Address of New Ro	gistered	Agent		
Na						Name Da 7	DAT ANA					
PAZ, ANTO						PAZ, ANA						
325 N.W. 121ST COURT					Street Address (P.O. Box Number is Not Acceptable)							
MIAMI, FL	33182						A	ME				
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	•					City			FL	Zip Code	,	
8. The above	named entit	y submits this statemer	nt for the pur	pose of changing its	register	ed office or registe	red agent, or bo	th, in the State of Flo	rida. I am	familiar with,	and accept	
 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												
SIGNATURE	Signature Lypec	or printed name of registered ag	gent and title if ep	pplicable. {NOT	E: Registere	d Agent signature require	d when reinslating)		DATE		— }	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Adde												
10.		OFFICERS A	ND DIRECT/	ODS .	11.		ADDITIONS	CHANGES TO OFFI	CEDS AND	DIRECTORS	· INI 4.5	
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12. I hereby	certify that the	ne information supplied	with this filin	no does not qualify	or the ex	emptions containe	ed in Chapter 11	9. Florida Statutes, I	further ce	rtify that the in	nformation	
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 of 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.												
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SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIPECTOR									<u> </u>	WY		
		SIGNATURE AND TYPED	OF PRINTED N	AME OF SIGNING OFFICE	R OR DUKE	OR		Date		Daytime Phone #		