

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094386

Entity Name: THE MIGRANT OFFICE, INC.

FILED
Jul 05, 2006
Secretary of State

Current Principal Place of Business:

3401 LINDSEY STREET
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

3401 LINDSEY STREET
DOVER, FL 33527

New Mailing Address:

FEI Number: 03-0429861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TREJO, CLAUDIA F
3401 LINDSEY ST
DOVER, FL 33527 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: FELIX, MARIA G
Address: 3401 LINDSEY STREET
City-St-Zip: DOVER, FL 33527

Title: VP () Delete
Name: FELIX, JESUS
Address: 3401 LINDSEY ST
City-St-Zip: DOVER, FL 33527 US

Title: T () Delete
Name: FELIX, YADIRA
Address: 3401 LINDSEY ST
City-St-Zip: DOVER, FL 33527 US

Title: S () Delete
Name: TREJO, CLAUDIA F
Address: 3401 LINDSEY ST
City-St-Zip: DOVER, FL 33527 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA G FELIX

PD

07/05/2006

Electronic Signature of Signing Officer or Director

Date