

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

04-24-2006 90360 019 ***150.00

DOCUMENT # P01000097755
 1. Entity Name
 FIGUEREDO & ASSOCIATES, INC.



Principal Place of Business
 5900 SW 73 AVENUE
 MIAMI, FL 33143

Mailing Address
 5900 SW 73 AVENUE
 MIAMI, FL 33143

66017994



2. Principal Place of Business
 8780 SW 83 Street

3. Mailing Address
 8780 SW 83 Street

04142006 Chg-P CR2E034 (11/05)

City & State
 MIAMI, FL

City & State
 MIAMI, FL

Zip
 33173

Country

Zip
 33173

Country

4. FEI Number
 65-1149604

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FIGUEREDO, FRANCISCO
 5000 SW 73 AVENUE
 MIAMI, FL 33143

8780 SW 83 Street
 MIAMI, FL 33173

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEREDO, FRANCISCO 5000 SW 73 AVENUE MIAMI, FL 33143 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8780 SW 83 Street MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: FIGUEREDO Date: 6/16/06
SIGNATURE AND TITLED OF THE PERSON SIGNING OFFICER OR DIRECTOR

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000097755			
1. Entity Name FIGUEREDO & ASSOCIATES, INC.			
Principal Place of Business 5900 SW 73 AVENUE MIAMI, FL 33143		Mailing Address 5900 SW 73 AVENUE MIAMI, FL 33143	
2. Principal Place of Business <i>8780 SW 83 street</i>		3. Mailing Address <i>8780 SW 83 street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MIAMI, FL</i>		City & State <i>MIAMI, FL</i>	
Zip <i>33173</i>		Country	
4. FEI Number 65-1149604		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04142008 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent FIGUEREDO, FRANCISCO 5000 SW 73 AVENUE MIAMI, FL 33143		7. Name and Address of New Registered Agent	
<i>8780 SW 83 street MIAMI, FL 33173</i>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
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SIGNATURE: _____		Date: <i>4/16/06</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

ATTACHMENT

66017994



ATTACHMENT

ANGEL A. SUÁREZ, C.P.A.

9280 SW 21 Street
Miami, FL 33165
Tel: 786-269-7867
Fax: 305-416-7534

66017994
P01008097755

FIGUEREDO & ASSOCIATES, INC.

INSTRUCTIONS FOR FILING 2006
CORPORATION ANNUAL REPORT

(IF NOT FILED PREVIOUSLY)

DUE DATE: MAY 1, 2006

TO BE SIGNED BY: AN OFFICER OR DIRECTOR

AMOUNT DUE: \$150.00 (SUBSTANTIAL PENALTY IF FILED LATE)

WRITE CHECK TO
THE NAME OF: DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

SPECIAL INSTRUCTIONS: PLEASE REVIEW THE PRINTED INFORMATION
AND CORRECT AS REQUIRED

THE COPY IS FOR YOUR FILES.

PLEASE CALL ME IF ANY QUESTIONS.

ATTACHMENT

66017994

#P81000097755

FRANCISCO FIGUEREDO 69-84 60029658-3943
 MYRIAM FIGUEREDO 83128546
 1301 8780 SW 83RD ST 06-7604-04
 MIAMI FL 33173 DATE 4-21-06

PAY TO THE ORDER OF DEPARTMENT OF STATE \$ 150.00

ONE HUNDRED & FIFTY DOLLARS 00 DOLLARS

Washington Mutual
 Washington Mutual Bank, FA
 Alhambra Financial Center 1733
 355 Alhambra Circle
 Coral Gables, FL 33134 800-788-7000
 24 hour Customer Service

MEMO FIGUEREDO & ASSOCIATES, INC *F. Figueredo*

ENDORSE HERE

DEPARTMENT OF STATE
 FOR DEPOSIT ONLY
 ACCT. # 1009086799

APR 21 2006

IN EARNINGS
 MIAMI, FL
 13018610-05-03-06

DOCU

FEDERAL RESERVE BOARD OF GOVERNORS REG. QZ