## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000104371

1. Entity Name

Principal Place of Business

RAMON AGUILAR, P.A.

Mailing Address

4537 SOUTHWEST 147TH COURT MRAMI, FL 33185

4537 SOUTHWEST 147TH COURT MIAMI, FL 33185

FILED Apr 28, 2006 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

04212008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-1149030 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

5. Name and Address of Current Registered Agent

AGUILAR, RAMON 4537 SOUTHWEST 147TH COURT MIAMI, FL 33185

## DO NOT WRITE IN THIS SPACE

<u> </u>						
	named entity submits this statement for the prions of registered agent.	purpose of changing its registere	ad office or regi	stered agent, or bo	oth, in the State of Florida. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	Il applicable. (NOTE, Registered	d Agent signature red	Jited when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finant     Trust Fund Contribution.		55.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	I		·	
title Mame Street address City-St-Zip	PD AGUILAR, RAMON 4537 SOUTHWEST 147TH COURT MIAMI, FL 33185	ras T		. ·	U00000545900 05/11/06-80095-008	ນກົກ ກາກ
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		, <sub>.</sub>		DO	NOT WRITE	*
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· -		
TITLE MAME STREET ADDRESS		·				

12. I hereby certify that the information-expolled with his filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee employered 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:

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR