


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000105554</b>	
1. Entity Name <b>RAYNIER ECHEVARRIA, D.C. P.A.</b>	

Principal Place of Business <b>112 SW 23RD RD MIAMI, FL 33129</b>	Mailing Address <b>112 SW 23RD RD MIAMI, FL 33129</b>
--	--

DO NOT WRITE IN THIS SPACE



04152006 No Chg-P CR2E034 (11/05)

4. FEI Number: <b>65-1056734</b>	Applied For <input type="checkbox"/> Not Applicable
-------------------------------------	--

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

6. Name and Address of Current Registered Agent  <b>ECHEVARRIA, RAYNIER 112 SW 23RD RD MIAMI, FL 33129</b>
--

DO NOT WRITE IN THIS SPACE

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000517516 05/01/06-80049-006 150.00</b>
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT ECHEVARRIA, RAYNIER 112 SW 23RD RD MIAMI, FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ECHEVARRIA, MARIA PAZ 112 SW 23RD RD MIAMI, FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ECHEVARRIA, OLGA 112 SW 23RD RD MIAMI, FL 33129</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 any other like empowered.

**SIGNATURE:** *Raynier Echevarria DCPA* **4/14/06** **(305) 774-0104**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #