

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2006 8:00 am**  
**Secretary of State**

07-26-2006 90001 007 \*\*\*150.00

<b>DOCUMENT # P01000111310</b> 1. Entity Name ROSA GARCIA ACEVEDO, P.A.					
Principal Place of Business 380 W 49 ST HIALEAH, FL 33012			Mailing Address 380 W 49 ST HIALEAH, FL 33012		
2. Principal Place of Business 102 E. 49 St. Suite, Apt. #, etc.			3. Mailing Address 102 E. 49 St. Suite, Apt. #, etc.		
City & State Hialeah, FL Zip 33013 Country USA		City & State Hialeah, FL Zip 33013 Country USA		4. FEI Number 65-1155283 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				50023194 	
6. Name and Address of Current Registered Agent ACEVEDO, ROSA GARCIA 380 W 49 ST HIALEAH, FL 33012				7. Name and Address of Now Registered Agent Name: Rosa Garcia Acevedo Street Address (P.O. Box Number is Not Acceptable): 102 E. 49 St City: Hialeah FL Zip Code: 33013	
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: 7/21/06 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ACEVEDO, ROSA GARCIA 380 W 49 ST HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Acevedo, Rosa Garcia 102 E. 49 St Hialeah, FL 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			DATE: 7/21/06 DAYTIME PHONE: 305-678-5227		