FILED
May 03, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000041377

1. Entity Name
NICOLAS BOUCHER, P.A.

Principal Place of Business	Mailing Address
901 NE 125TH STREET SUITE 101 NORTH MIAMI, FL 33161	901 NE 125TH STREET SUITE 101 NORTH MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

05012006 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0436491
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PATERNOSTRO, JOSEPH
901 NE 125TH STREET SUITE 101
NORTH MIAMI, FL 33161

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 _____ 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
Due by September 8, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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

TITLE	P
NAME	BOUCHER, NICOLAS
STREET ADDRESS	901 NE 125TH STREET SUITE 101
CITY-ST-ZIP	NORTH MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000559955
05/18/06-80021-002 150.00

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 all other like empowered.

SIGNATURE: _____ 4-30-06 3057888035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #