



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000044931		
1. Entity Name PAUL D. BIANCO, P.A.		
Principal Place of Business 2801 N.E. 208 TERRACE SUITE 102 AVENTURA, FL 33180	Mailing Address 2801 N.E. 208 TERRACE SUITE 102 AVENTURA, FL 33180	
DO NOT WRITE IN THIS SPACE		
		01112006 No Chg-P CR2E034 (11/05)
		4. FEI Number 03-0456188
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HERMAN, ALISON P 2800 PONCE DE LEON BOULEVARD SUITE 1125 CORAL GABLES, FL 33134		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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____		
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
		01/18/06-80060-003 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BIANCO, PAUL D 2801 N.E. 208 TERRACE AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BIANCO, RONNI 2801 NE 208 TERRACE #102 AVENTURA, FL 33180	
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		
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: <u>Ronni S. Bianco</u> Ronni Bianco		1/11/06 305-205-0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #