

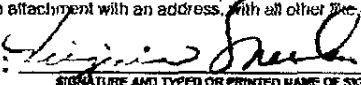


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000048674</b>			
1. Entity Name VIRGINIA MALKI, P.A.			
Principal Place of Business 333 NORTH SHORE DRIVE MIAMI BEACH, FL 33141	Mailing Address 333 NORTH SHORE DRIVE MIAMI BEACH, FL 33141		
<b>DO NOT WRITE IN THIS SPACE</b>			
		01202006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 77-0590720	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  MALKI, VIRGINIA 333 NORTH SHORE DR MIAMI BEACH, FL 33141		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>		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"/>	\$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<p>000000417489 02/13/06-80058-011 158.75</p> <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	PSTD		
NAME	MALKI, VIRGINIA		
STREET ADDRESS	333 NORTH SHORE DRIVE		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 the empowered.			
SIGNATURE:  VIRGINIA MALKI		1/24/06	305-962-2220
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>