

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90016 035 ***150.00

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1. Entity Name

SAMUEL J. MONTESINO, P.A.



Principal Place of Business

2161 PALM BEACH LAKES BLVD #308
W PALM BEACH, FL 33409

Mailing Address

2161 PALM BEACH LAKES BLVD #308
W PALM BEACH, FL 33409

DO NOT WRITE IN THIS SPACE



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number

03-0455913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONTESINO, SAMUEL
2161 PALM BEACH LAKE BLVD., #308
WEST PALM BEACH, FL 33409

**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 retreating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MONTESINO, SAMUEL
STREET ADDRESS 2161 PALM BEACH LAKES BLVD #308
CITY-ST-ZIP W PALM BEACH, FL 33409

TITLE V CAN DIDO
NAME CANDINO, KRISTINA M
STREET ADDRESS 2161 PALM BEACH LAKES BLVD #308
CITY-ST-ZIP W PALM BEACH, FL 33409

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/06

Date

(561)721-3322

Daytime Phone #