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Jan 20, 2006 8:00 am
Secretary of State
01-20-2006 90027 046 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000069095

1. Entity Name
CLAUDIA N. STOCKI, P.A.

Principal Place of Business	Mailing Address
7441 WAYNE AVE UNIT 9-C MIAMI BCH, FL 33141	7441 WAYNE AVE UNIT 9-C MIAMI BCH, FL 33141

01122006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
10000 W. BAY HARBOR DRIVE	10000 W. BAY HARBOR DRIVE
Suite, Apt # etc: UNIT 302	Suite, Apt # etc: UNIT 302
City & State: BAY HARBOR ISLAND, FL	City & State: BAY HARBOR ISLAND, FL
Zip: 33154 Country: U.S.A.	Zip: 33154 Country: U.S.A.

4. FEI Number: 01-0723080 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STOCKI, CLAUDIA N
7441 WAYNE AVE UNIT 9-C
MIAMI BCH, FL 33141

7. Name and Address of New Registered Agent

Name: STOCKI, CLAUDIA N.
Street Address (P.O. Box Number is Not Acceptable): 10000 WEST BAY HARBOR DRIVE
UNIT 302
City: BAY HARBOR ISLAND FL Zip Code: 33154

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] 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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCKI, CLAUDIA N 7441 WAYNE AVE UNIT 9-C MIAMI BCH, FL 33141	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR/PRESIDENT STOCKI, CLAUDIA N. 10000 WEST BAY HARBOR DRIVE #302 BAY HARBOR ISLAND, FL 33154	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 01-15-06 305 865-9038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #