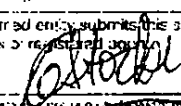
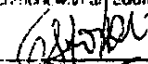


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90027 046 ***150.00

DOCUMENT # P02000069095			
1. Entity Name CLAUDIA N. STOCKI, P.A.			
Principal Place of Business 7441 WAYNE AVE UNIT 9-C MIAMI BCH, FL 33141		Mailing Address 7441 WAYNE AVE UNIT 9-C MIAMI BCH, FL 33141	
2. Principal Place of Business 10000 W. BAY HARBOR DRIVE		3. Mailing Address 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:  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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete STOCKI, CLAUDIA N 7441 WAYNE AVE UNIT 9-C MIAMI BCH, FL 33141	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition DIRECTOR/PRESIDENT STOCKI, CLAUDIA N. 10000 WEST BAY HARBOR DRIVE #302 BAY HARBOR ISLAND, FL 33154
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
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
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; that 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: 		01-15-06 305 865-9038	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	