

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000075973																																	
1. Entity Name ANA L. OROZCO P.A.																																	
Principal Place of Business 16469 SW 103 TERRACE MIAMI, FL 33196			Mailing Address 7105 SW 8 STREET 305 MIAMI, FL 33144																														
2. Principal Place of Business		3. Mailing Address																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																															
City & State		City & State																															
Zip		Zip																															
6. Name and Address of Current Registered Agent OROZCO, ANA L 16469 SW 103 TERRACE MIAMI, FL 33196				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																													
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 reinstating) Signature typed or printed name of registered agent and file if applicable																																	
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																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)</th> </tr> </thead> <tbody> <tr> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="width: 50%; padding: 5px;"> DP OROZCO, ANA L 16469 SW 103 TERRACE MIAMI, FL 33196 </td> <td style="width: 50%; padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="width: 50%; padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> ☐ Delete </td> <td style="padding: 5px;"> TITLE NAME STREET ADDRESS CITY- ST- ZIP </td> <td style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> </tbody> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)		TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP OROZCO, ANA L 16469 SW 103 TERRACE MIAMI, FL 33196	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	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)																															
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP OROZCO, ANA L 16469 SW 103 TERRACE MIAMI, FL 33196	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																														
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: ANA L. OROZCO				04-20-06 305 2263443																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #																													