2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 01, 2006 08:00 Al DOCUMENT # P02000076291 **Secretary of State** 1. Entity Name ALEJANDRO ISAVA, P.A. Principal Place of Business Mailing Address 1520 NE 26 AVE 1520 NE 26 AVE FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL 33304 02202006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2063146 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ISAVA-QUINTERO, ALEJANDRO DO NOT WRITE 1520 NE 26 AVE FORT LAUDERDALE, FL 33304 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agenf, 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 it applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME ISAVA-QUINTERO, ALEJANDRO 1520 NE 26 AVE STREET ADDRESS U00000452141 (3/11/06-80014-025 150.00 CITY-ST-ZIP FORT LAUDERDALE, FL 33304 ME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP ាយគ STREET ADDRESS CITY-ST-7IP TITLE NAME

12. Thereby 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 attaching it with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

SKATURE AND TYPED OR PRINTED NAME OF SIGNING OFFIGER OR DIRECTOR

954-2882171

FILED

Daylime Phone #