
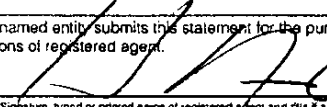
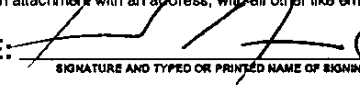


**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90273 017 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**60027284**

DOCUMENT # P02000084934			
1. Entity Name HENRY E. MENDIA, P.A.			
Principal Place of Business 200 S BISCAYNE BLVD 41ST FL MIAMI, FL 33131		Mailing Address 200 S BISCAYNE BLVD 41ST FL MIAMI, FL 33131	
2. Principal Place of Business 200 S. Biscayne Blvd.		3. Mailing Address 200 S. Biscayne Blvd.	
Suite, Apt. #, etc. Suite 3100		Suite, Apt. #, etc. Suite 3100	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country U.S.	Zip 33131	Country U.S.
6. Name and Address of Current Registered Agent  MENDIA, HENRY E 200 S BISCAYNE BLVD 41ST FL MIAMI, FL 33131		4. FEI Number 32-0059443	
		Applied For Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name Mendia, Henry E.			
Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd.			
Suite 3100			
City Miami		FL Zip Code 33131	
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 		HENRY E. MENDIA 4/11/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MENDIA, HENRY E 200 S BISCAYNE BLVD 41ST FL MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Mendia, Henry E. 200 S. Biscayne Blvd., Suite 3100 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		HENRY E. MENDIA 4/11/06 305-789-9315	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	