


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90268 035 ***150.00

DOCUMENT # P02000085453

1. Entity Name
ADRIANA CABREJA P.A.



Principal Place of Business Mailing Address

13767 SW 109 LN 7105 SW 8 ST
 MIAMI, FL 33186 306
 MIAMI, FL 33144

40086413



2. Principal Place of Business 3. Mailing Address

19925 SW 286 ST.

Suite, Apt. #, etc. Suite, Apt. #, etc.

04272006 Chg-P CR2E034 (11/05)

City & State City & State

HOMESTEAD, FL

4. FEI Number Applied For

30-0100155 Not Applicable

Zip Country Zip Country

33030

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CABREJA, ADRIANA
 13767 SW 109 LN
 MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

19925 SW 286 ST

City State Zip Code

HOMESTEAD, FL 33030

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: *Adriana Cabreja* DATE: 4/20/06

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

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|------------------|-----------------|-----------------|---------------------------------|
| PD | CABREJA, ADRIANA | 13767 SW 109 LN | MIAMI, FL 33186 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|------------------------|----------------------------|--|-----------------------------------|
| | | 19925 SW 286 ST | HOMESTEAD, FL 33030 | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: ADRIANA CABREJA Date: 04.20.06 Daytime Phone #: 305 2263443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR