


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90444 026 \*\*\*150.00

DOCUMENT # P02000089270			
1. Entity Name CHARLES WAYNE WOOLDRIDGE, P.A.			
Principal Place of Business 3801 S OCEAN DR 4TH FLOOR HOLLYWOOD, FL 33019 US		Mailing Address 3801 S OCEAN DR 4TH FLOOR HOLLYWOOD, FL 33019 US	
2. Principal Place of Business <b>19056 NE 29 AVE.</b>		3. Mailing Address <b>19056 NE 29 AVE.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>AVENTURA FL</b>		City & State <b>AVENTURA FL</b>	
Zip <b>33180</b>	Country <b>USA</b>	Zip <b>33180</b>	Country <b>USA</b>
4. FEI Number <b>03-0478810</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  NICHOLS, JOHN W 14890 SW 76 COURT MIAMI, FL 33158		7. Name and Address of New Registered Agent Name <b>CHARLES W. WOOLDRIDGE</b> Street Address (P.O. Box Number is Not Acceptable) <b>19056 NE 29 AVE.</b> City <b>AVENTURA</b> FL Zip <b>33180</b>	
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 <i>Charles Wayne Wooldridge</i>		DATE <b>4-20-06</b>	
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. <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	PSTD WOOLDRIDGE, WAYNE 3801 S OCEAN DR STE 4F HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WAYNE WOOLDRIDGE 19056 NE 29 AVE. AVENTURA, FL 33180 <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
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: <i>Charles Wayne Wooldridge</i>		Date <b>4-20-06</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

50014898



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