


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90100 037 ***150.00

DOCUMENT # P02000101748	
1. Entity Name OSCAR TOLEDO, P.A.	

Principal Place of Business 311 SW 30 AVE MIAMI, FL 33135	Mailing Address 311 SW 30 AVE MIAMI, FL 33135
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DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

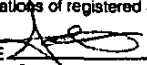
4. FEI Number 55-0798918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TOLEDO, ANTHONY J
311 SW 30 AVE
MIAMI, FL 33135**

**DO NOT WRITE
IN THIS SPACE**

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  **ANTHONY J. TOLEDO** DATE **2/16/06**

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE D	TOLEDO, OSCAR
NAME	
STREET ADDRESS	311 SW 30 AVE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	REGISTERED AGENT
NAME	ANTHONY J. TOLEDO
STREET ADDRESS	311 SW 30 AVE
CITY-ST-ZIP	MIAMI, FL 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **OSCAR TOLEDO** DATE **2/16/06** DAYTIME PHONE # **(305) 299-8390**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR