


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000106332 1. Entity Name GISELA NANSON TORRES, P.A.	
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Principal Place of Business 15327 NW 60 AVE STE 215 MIAMI LAKES FL 33014	Mailing Address 15327 NW 60 AVE STE 215 MIAMI LAKES FL 33014
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 11-3656716	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent NANSON TORRES, GISELA 15327 NW 60 AVE STE 215 MIAMI LAKES FL 33014	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORRES, GISELA NANSON ESQ			NAME			
STREET ADDRESS	15327 NW 60TH AVENUE SUITE 215			STREET ADDRESS			
CITY ST ZIP	MIAMI LAKES FL 33014			CITY ST ZIP			
					U00000379165 01/10/06-80010-015 150.00		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: **1/3/06** 305-698-0926