

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90293 013 ***150.00

DOCUMENT # P02000115966 1. Entity Name MARIA V ZARATE SUAREZ, P.A.					
Principal Place of Business 4960 SW 128TH AVE MIRAMAR, FL 33027 US			Mailing Address 4960 SW 128TH AVE MIRAMAR, FL 33027 US		
2. Principal Place of Business 15600 NW 83rd PL Suite, Apt. #, etc.		3. Mailing Address 15600 NW 83rd PL Suite, Apt. #, etc.			
City & State Miami Lakes FL		City & State Miami Lakes FL		4. FEI Number 37-1447068	
Zip 33016		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZARATE, MARIA V 4960 SW 128TH AVE MIRAMAR, FL 33027			7. Name and Address of New Registered Agent Name Maria Victoria Zarate Street Address (P.O. Box Number is Not Acceptable) 15600 NW 83rd PL Miami Lakes City FL Zip Code 33016		
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: <u><i>Maria Victoria Zarate</i></u> Maria Victoria Zarate <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
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	PT ZARATE, MARIA V 4960 SW 128TH AVE MIRAMAR, FL 33027 <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	VS BARATTO, MARIO F 4960 SW 128TH AVE MIRAMAR, FL 33027 <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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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: <u><i>Maria Victoria Zarate</i></u> Maria Victoria Zarate <i>(ps)</i> 1/9/06 305-3089482 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					