

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000124708

Entity Name: SONIA WILCZEWSKI, P.A.

FILED  
May 02, 2006  
Secretary of State

## Current Principal Place of Business:

BILTMORE HOTEL EXEC. OFFICE CENTER  
1200 ANASTASIA AVE SUITE 400  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

BILTMORE HOTEL EXEC. OFFICE CENTER  
1200 ANASTASIA AVE SUITE 400  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 75-3087512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILCZEWSKI, SONIA  
1200 ANATASIA AVE, STE 400  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

WILCZEWSKI, SONIA  
1200 ANASTASIA AVE, STE 400  
CORAL GABLES, FL 33134 US

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.

SIGNATURE: SONIA WILCZEWSKI

05/02/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WILCZEWSKI, SONIA ESQ.  
Address: 1200 ANASTASIA AVE SUITE 400  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SONIA WILCZEWSKI

MS.

05/02/2006

Electronic Signature of Signing Officer or Director

Date