
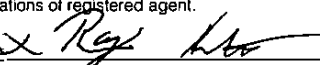
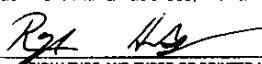


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90098 021 \*\*\*150.00

<b>DOCUMENT # P03000011943</b>			
1. Entity Name HOSPITALET & CO., P.A.			
Principal Place of Business 7868 NW 166 TERRACE MIAMI LAKES, FL 33016		Mailing Address 7868 NW 166 TERRACE MIAMI LAKES, FL 33016	
2. Principal Place of Business 14355 COMMERCE WAY Suite, Apt. #, etc.		3. Mailing Address 14355 COMMERCE WAY Suite, Apt. #, etc.	
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL	
Zip 33016		Country	
Zip 33016		Country	
6. Name and Address of Current Registered Agent HOSPITALET, RAYMOND 7868 NW 166 TERRACE MIAMI LAKES, FL 33016		7. Name and Address of New Registered Agent Name HOSPITALET RAYMOND Street Address (P.O. Box Number is Not Acceptable) 14355 COMMERCE WAY City MIAMI LAKES 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:  RAYMOND HOSPITALET DATE: 04/06/2006 <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	DPT HOSPITALET, RAYMOND 7868 NW 166 TERRACE MIAMI LAKES, FL 33016 <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	DVS HOSPITALET, CYNTHIA 7868 NW 166 TERRACE MIAMI LAKES, FL 33016 <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
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
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:  RAYMOND HOSPITALET <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		PRESIDENT 04/06/2006 (305) 557-3565 <small>Date Daytime Phone #</small>	

00010000



01192006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3765490 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required