


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2006 8:00 am**  
**Secretary of State**

03-17-2006 90117 043 \*\*\*150.00

<b>DOCUMENT # P03000016397</b> 1. Entity Name <b>REGINA BORGES DE MORAES, P.A.</b>			
Principal Place of Business <b>2820 NW 135TH STREET MIAMI, FL 33054</b>		Mailing Address <b>2820 NW 135TH STREET MIAMI, FL 33054</b>	
2. Principal Place of Business <b>1930 Harrison Street</b> Suite, Apt. #, etc. <b>102</b> City & State <b>Hollywood, FL</b> Zip <b>33020</b>		3. Mailing Address <b>1930 Harrison Street</b> Suite, Apt. #, etc. <b>102</b> City & State <b>Hollywood, FL</b> Zip <b>33020</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>56-2318517</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DE MORAES, REGINA BORGES 9155 S DADELAND BLVD STE 1412 MIAMI, FL 33156</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1930 Harrison Street Ste # 102</b> City <b>Hollywood</b>	
State <b>FL</b>		Zip Code <b>33020</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	D <b>DE MORAES, REGINA BORGES</b> <b>9155 S DADELAND BLVD STE 1412</b> <b>MIAMI, FL 33156</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1930 Harrison Street STE # 102 Hollywood, FL 33020	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.			
<b>SIGNATURE:</b> <u>Regina B. de Moraes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/14/06</u> <small>Date</small>	
Daytime Phone # _____		Daytime Phone # _____	