


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

DOCUMENT # P03000036924  
1. Entity Name  
THE LAW OFFICES OF SANTIAGO LAVANDERA, P.A.



Principal Place of Business 7950 NW 155TH STREET SUITE 201 MIAMI LAKES, FL 33016 US	Mailing Address 7950 NW 155TH STREET SUITE 201 MIAMI LAKES, FL 33016 US
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**DO NOT WRITE IN THIS SPACE**



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 57-1159160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
  
LAVANDERA, SANTIAGO  
7950 NW 155TH STREET  
SUITE 201  
MIAMI LAKES, FL 33016

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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 *Santiago Lavandera* DATE 4/11/06  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVANDERA, SANTIAGO 7950 NW 155TH STREET MIAMI LAKES, FL 33016
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04/28/06-80057-021 150.00

**DO NOT WRITE IN THIS SPACE**

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 *Santiago Lavandera* DATE 4/11/06 305 231 9933  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #