


2006 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000056325		
1. Entity Name LAW OFFICE OF LASHAWN STRACHAN, P.A.		

Principal Place of Business 150 NW 168 STREET SUITE 210 NORTH MIAMI BEACH, FL 33199 US	Mailing Address 150 NW 168 STREET SUITE 210 NORTH MIAMI BEACH, FL 33169 US
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04302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3759075	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STRACHAN, LASHAWN ESQUIRE 150 NW 168 STREET SUITE 210 NORTH MIAMI BEACH, FL 33169

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity subscribes 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 reappointing)</small>	DATE _____
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**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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS STRACHAN, LASHAWN 1826 JASMINE AVENUE MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/18/06-80020-019 150.00

**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, with an address, with all other like empowered.

SIGNATURE: <u>Lashawn Strachan</u> <u>Lashawn Strachan</u> <u>4/30/06</u>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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