


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90354 025 \*\*\*150.00

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| <b>DOCUMENT # P03000058811</b><br>1. Entity Name<br><b>MARGARET L. BRAHAM, P.A.</b>  |  |  |  |   |  |
| Principal Place of Business<br><b>11980 SW 22ND CT<br/>DAVIE, FL 33325</b>   |  |  | Mailing Address<br><b>11980 SW 22ND CT<br/>DAVIE, FL 33325</b> |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |  |  |  |
| City & State   |  | City & State   |  |  |  |
| Zip  | Country  | Zip  | Country  | 4. FEI Number<br><b>43-2017123</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>BRAHAM, MARGARET<br/>11980 SW 22ND CT<br/>DAVIE, FL 33325</b>  |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP  | PD<br><b>BRAHAM, MARGARET<br/>11980 SW 22ND CT<br/>DAVIE, FL 33325</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST- ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |  |  |  |  |
| <b>SIGNATURE:</b> <u>Margaret Braham</u> <u>MARGARET BRAHAM</u> <u>4/27/06</u> <u>954 791 3003</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES. Date Daytime Phone #  |  |  |  |  |  |