2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000085518

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

() Delete

FILED Feb 21, 2006 Secretary of State

Entity Na	me: PRINCIP	AL PLANNING PARTNERS I	INC.				
Current Principal Place of Business:				New Principal Place of Business:			
270 CYPRESS DR KEY BISCAYNE, FL 33149				13831 SW 59TH. STREET 100 MIAMI, FL 33183			
Current Mailing Address:				New Mailing Address:			
270 CYPRESS DR KEY BISCAYNE, FL 33149				270 CYPRESS DR VILLAGE OF KEY BISCAYNE, FL 33149			
FEI Number	: 87-0704247	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
901 PONÓ CORAL G. The above	ANDRES J CE DE LEON E ABLES, FL 33 named entity e of Florida.	134 US	e purpose o	f changing i	ts register	ed office or registered agent, or both,	
SIGNATUI	Electro	nic Signature of Registered A	gent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	DPVS (BENACH, AMP 270 CYPRESS KEY BISCAYN	DR		Title: Name: Address: City-St-Zip:	270 CYPR	(X) Change()Addition AMPARO G P IESS DR. DF KEY BISCAYNE, FL 33149	
Title: Name: Address: City-St-Zip:	T (BENACH, AMP 270 CYPRESS KEY BISCAYN	DR		Title: Name: Address: City-St-Zip:	270 CYPR	(X) Change()Addition AMPARO G T ESS DR. DF KEY BISCAYNE, FL 33149	
Title:	() Delete		Title:	0	() Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: AMPARO G BENACH Ρ 02/21/2006

() Change (X) Addition

() Change (X) Addition

VILLAGE OF KEY BISCAYNE, FL 33149

VILLAGE OF KEY BISCAYNE, FL 33149

BENACH, BENNY OFFICER

BENACH, SARAH H OFFICER

270 CYPRESS DRIVE

270 CYPRESS DR.