


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90020 001 \*\*\*150.00

<b>DOCUMENT # P03000093772</b> 1. Entity Name <b>MIGUEL DIAZ DE LA PORTILLA, P.A.</b>																											
Principal Place of Business <b>200 SOUTH BISCAYNE BOULEVARD SUITE 3410 MIAMI, FL 33131</b>		Mailing Address <b>200 SOUTH BISCAYNE BOULEVARD SUITE 3410 MIAMI, FL 33131</b>																									
2. Principal Place of Business <b>2525 Ponce de Leon</b> Suite, Apt. #, etc. <b>4th Floor</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b>		3. Mailing Address <b>2525 Ponce de Leon</b> Suite, Apt. #, etc. <b>4th Floor</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>16-1683037</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>DIAZ DE LA PORTILLA, MIGUEL 200 SOUTH BISCAYNE BOULEVARD SUITE 3410 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>Miguel Diaz de la Portilla</b> Street Address (P.O. Box Number is Not Acceptable) <b>2525 Ponce de Leon Blvd. 4th Floor</b> City <b>Coral Gables, FL</b> Zip Code <b>33134</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PRES</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DIAZ DE LA PORTILLA, MIGUEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>200 SOUTH BISCAYNE BLVD., SUITE 3400</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table>		TITLE	PRES	<input type="checkbox"/> Delete	NAME	DIAZ DE LA PORTILLA, MIGUEL		STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 3400		CITY-ST-ZIP	MIAMI, FL 33131		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Pres</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Diaz de la Portilla, Miguel</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2525 Ponce de Leon, 4th</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Coral Gables, FL 33134</td> <td></td> </tr> </table>		TITLE	Pres	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Diaz de la Portilla, Miguel		STREET ADDRESS	2525 Ponce de Leon, 4th		CITY-ST-ZIP	Coral Gables, FL 33134	
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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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1/30/06</b> Daytime Phone # _____																									