


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-03-2006 90020 001 ***150.00

DOCUMENT # P03000093772 1. Entity Name MIGUEL DIAZ DE LA PORTILLA, P.A.		
Principal Place of Business 200 SOUTH BISCAYNE BOULEVARD SUITE 3410 MIAMI, FL 33131		Mailing Address 200 SOUTH BISCAYNE BOULEVARD SUITE 3410 MIAMI, FL 33131
2. Principal Place of Business 2525 Ponce de Leon Suite, Apt. #, etc. 4th Floor	3. Mailing Address 2525 Ponce de Leon Suite, Apt. #, etc. 4th Floor	
City & State Coral Gables, FL	City & State Coral Gables, FL	01092006 Chg-P CR2E034 (11/05)
ZIP 33134	Country USA	4. FEI Number 16-1683037
6. Name and Address of Current Registered Agent DIAZ DE LA PORTILLA, MIGUEL 200 SOUTH BISCAYNE BOULEVARD SUITE 3410 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Miguel Diaz de la Portilla Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce de Leon Blvd. 4th Floor City Coral Gables, FL Zip Code 33134
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>		
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
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES DIAZ DE LA PORTILLA, MIGUEL 200 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	Pres Diaz de la Portilla, Miguel 2525 Ponce de Leon, 4th Coral Gables, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/30/06</u> <small>Dayside Phone #</small>