
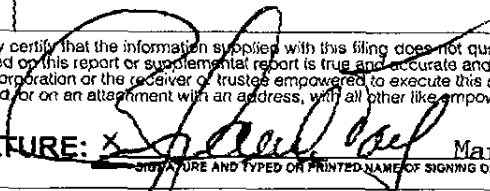


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000103276		
1. Entity Name MARIELA VARGAS, P.A.		
Principal Place of Business 2105 NOVA VILLAGE DRIVE DAVIE, FL 33317-7023		Mailing Address 2105 NOVA VILLAGE DRIVE DAVIE, FL 33317-7023
DO NOT WRITE IN THIS SPACE		
		04012006 No Chg-P CR2E034 (11/05)
		4. FEI Number 81-0634078
6. Name and Address of Current Registered Agent VARGAS, MARIELA 2105 NOVA VILLAGE DRIVE DAVIE, FL 33317-7023		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
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 _____		
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		000000515342 04/29/06-80207-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
PST VARGAS, MARIELA 2105 NOVA VILLAGE DRIVE DAVIE, FL 333177023		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 507, 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:  Mariela Vargas		Date 04/13/06 954-655-7355