
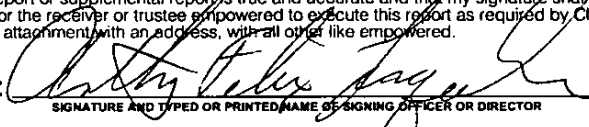


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90079 013 \*\*\*150.00

<b>DOCUMENT # P03000122043</b> 1. Entity Name <b>ANTHONY FELIX LAQUIDARA, INC.</b>					
Principal Place of Business <b>5322 SKYLINE BLVD</b> <b>CAPE CORAL, FL 33914</b>			Mailing Address <b>5322 SKYLINE BLVD</b> <b>CAPE CORAL, FL 33914</b>		
2. Principal Place of Business <b>5408 S/W 6th AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>5408 S/W 6th AVE</b> Suite, Apt. #, etc.			
City & State <b>CAPE CORAL FL</b>		City & State <b>CAPE CORAL, FL</b>		4. FEI Number <b>20-0347765</b>	
Zip <b>33914</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LAQUIDARA, ANTHONY F</b> <b>5322 SKYLINE BLVD</b> <b>CAPE CORAL, FL 33914</b>			7. Name and Address of New Registered Agent Name <b>LAQUIDARA ANTHONY F</b> Street Address (P.O. Box Number is Not Acceptable) <b>5408 S/W 6th AVE</b> City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33914</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LAQUIDARA, ANTHONY F</b> <b>5322 SKYLINE BLVD</b> <b>CAPE CORAL, FL 33914</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LAQUIDARA, ANTHONY F</b> <b>5408 S/W 6th AVE</b> <b>CAPE CORAL, FL 33914</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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> 			<b>1/30/06</b> <b>239-872-5524</b> Date Daytime Phone #		