


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000140800
 1. Entity Name
 JOAN G. LEVY, P.A.



Principal Place of Business Mailing Address
 12000 BISCAYNE BLVD SUITE 800 12000 BISCAYNE BLVD SUITE 800
 NORTH MIAMI, FL 33181 NORTH MIAMI, FL 33181

DO NOT WRITE IN THIS SPACE



04022006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 37-1480254 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LEVY, JOAN G
 12000 BISCAYNE BLVD SUITE 800
 NORTH MIAMI, FL 33181

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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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LEVY, JOAN G
STREET ADDRESS	12000 BISCAYNE BLVD SUITE 800
CITY - ST - ZIP	NORTH MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 04/19/06-80073-001 150.00

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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.

SIGNATURE: Joan G. Levy Joan G. Levy 4-3-06 (305) 892-1577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #