

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151524

FILED
May 01, 2006
Secretary of State

Entity Name: NATHALIE F. DEMESMIN P.A.

Current Principal Place of Business:

16375 NE 18 AVE, STE 323
MIAMI, FL 33162

New Principal Place of Business:

290 NW 165TH STREET
SUITE P100
MIAMI, FL 33169

Current Mailing Address:

16375 NE 18 AVE, STE 323
MIAMI, FL 33162

New Mailing Address:

290 NW 165TH STREET
SUITE 100
MIAMI, FL 33169

FEI Number: 32-0101075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEMESMIN, NATHALIE F ESQ.
1865 79TH STREET CAUSEWAY
10M
NORTH BAY VILLAGE, FL 33141 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEMESMIN, NATHALIE F ESQ
Address: 1865 79TH STREET CAUSEWAY, SUITE 10M
City-St-Zip: NORTH BAY VILLAGE, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATHALIE F DEMESMIN

P

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date