

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT ***

**FILED
Jan 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000007360
1. Entity Name
GERARDO HEVIA CPA, PA.



Principal Place of Business: 1405 SW 107TH AVE #301-B MIAMI, FL 33174-2520
Mailing Address: 1405 SW 107TH AVE #301-B MIAMI, FL 33174-2520

DO NOT WRITE IN THIS SPACE



D1072006 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 42-1614712 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
HEVIA, GERARDO
1405 SW 107TH AVE #301-B
MIAMI, FL 33174-2520

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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 _____

**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 NAME STREET ADDRESS CITY-ST-ZIP | D HEVIA, GERARDO 1405 SW 107TH AVE #301-B MIAMI, FL 331742520 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/11/06-80035-014 150.00

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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: Gerardo Hevia 1/7/06 (305) 220-6835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #