

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90172 025 ***150.00

DOCUMENT # P04000027246					
1. Entity Name CARLOS EMILIO CORTINA, P.A.					
Principal Place of Business 2121 PONCE DE LEON BOULEVARD 505 CORAL GABLES, FL 33134 US			Mailing Address 2121 PONCE DE LEON BOULEVARD 505 CORAL GABLES, FL 33134 US		
2. Principal Place of Business 55 Miracle Mile		3. Mailing Address 55 Miracle Mile			
Suite, Apt. #, etc. 310		Suite, Apt. #, etc. 310		04172006 Chg-P CR2E034 (11/05)	
City & State Coral Gables FL		City & State Coral Gables FL		4. FEI Number APPLIED FOR	
Zip 33134 Country USA		Zip 33134 Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROTH-CORTINA, LINDA 2121 PONCE DE LEON BOULEVARD 505 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name LINDA ROTH-CORTINA Street Address (P.O. Box Number is Not Acceptable) 55 Miracle Mile #310 City Coral Gables FL Zip Code 33134	
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 DATE 4/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CORTINA, CARLOS E 2121 PONCE DE LEON BOULEVARD # 505 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	55 Miracle Mile #310 Coral Gables FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	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 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:		CARLOS E. CORTINA President 4/17/06 305 978 2222			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	