


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000038895**

1. Entity Name  
**KIM WINTERS, P.A.**



Principal Place of Business  
**2810 EAST OAKLAND PARK BOULEVARD  
 SUTIE 200  
 FORT LAUDERDALE, FL 33306**

Mailing Address  
**415 SOUTHWEST 14TH COURT  
 POMPANO BEACH, FL 33060**

**DO NOT WRITE IN THIS SPACE**



06052006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0829780</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 Due by September 6, 2006**

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WINTERS, KIM 2810 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FL 33306
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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: Kim Winters P.A. Kim Winters 6/5/06 954-396-5955  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #