2006 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT					May 01, 2006 08:00			
1. Entity Nam	MENT # P040000514 s and associates, inc.			Sec	retary of St	ato		
•	e of Business 'H AVENUE SUITE 6 . 33014	Mailing Address 6905 W 12TH AVENUE SUITE (HIALEAH, FL 33014	3					
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D	OO NOT WRITE	IN THIS SPA	CE	04272006 4. FEI Numbi 13-427		CR2E034 (11/05) Applied Not App	olicable	
		·		5. Certificate	of Status Desired	\$8.75 Additiona	:l	
6905 W 12 HIALEAH,	JACKELINE B 2TH AVENUE SUITE 6 FL 33014 named entity submits this statement for the	ed affice or register	IN T	NOT W	ACE	accept		
the obligate	flons of registered agent Signature, typed or primed name of registered agent and	Time if applicable (NOTE, Registers	d Agent signature required	i when revisiting)		DATE	 ,	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees				
10.	OFFICERS AND D	RECTORS			. *.	2 2 cm a 1 max 2 cm 2000 - 2000	201244	
NAME STREET ADDRESS CHY-ST-ZP	PS GONZALEZ, MILAGRO 6905 W 12TH AVENUE SUITE 6 HIALEAH, FL 33014			e European dinan	es websulita			
HTLE NAME STREET ADDRESS CITY-ST-ZIP	VT PEREIRA, JACKELINE B 6905 W 12TH AVENUE SUITE 6 HIALEAH, FL 33014				000000 05/15/06-	553122 80033-012 150.0		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RÎTE ACE	TO SERVICE OF THE PARTY OF THE	
NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· • • • •			المداد که ایک		
TITLE						The second secon	In an entree	

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:

STREET ADDRESS CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR