


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000052307
 1. Entity Name
 LUIS A. BADILLO, P.A.



| | |
|---|---|
| Principal Place of Business 17265 SW 300 STREET HOMESTEAD, FL 33030 | Mailing Address 17265 SW 300 STREET HOMESTEAD, FL 33030 |
|---|---|

DO NOT WRITE IN THIS SPACE



07082006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 11-3715584 | 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

BADILLO, LUIS A
 17265 SW 300 STREET
 HOMESTEAD, FL 33030

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

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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 BADILLO, LUIS A 17265 SW 300 STREET HOMESTEAD, FL 33030 |
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 08/09/06-80002-004-550.00

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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: Luis A. Badillo **08/02/06** 305-510-8610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #