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Aug 21, 2006 8:00 am
Secretary of State
05-03-2006 90195 022 ***150.00

5/3

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000058438

1. Entity Name
PATRICIA GIRALT P.A.

Principal Place of Business	Mailing Address
6420 NW 109TH AVENUE MIAMI, FL 33178	6420 NW 109TH AVENUE MIAMI, FL 33178

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04182006 Chg-P CR2E034 (11/05)

20-0973552

4. FEI Number ~~APPLIED FOR~~ 20-0973552 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GIRALT, PATRICIA 6420 NW 69TH AVENUE MIAMI, FL 33178	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIRALT, PATRICIA 6420 NW 109TH AVENUE MIAMI, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________ 6/20/06 3053454621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Florida Department of State 660233325

P04000058438

This is Patricia Giralt, I have a company named Patricia Giralt PA.
I received the attached form but it was delivered in the wrong box in my community. I neighbor gave it to me so I missed the deadline of June 23.
I am including the form signed. Please do not fine me.

Thank you for your understanding,

I will be out of the country from 7/7-8/1.

My email is pgiralt@bellsouth.net

Regards,

Patricia Giralt