

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 15 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RSC



04282006 Chg-P CR2E034 (11/05)

| | | | |
|--|---------------------------------|--|--|
| DOCUMENT # P04000071971 1. Entity Name PABLO A. ALVAREZ, P.A. | | | |
| Principal Place of Business 801 BRICKELL AVENUE SUITE 2380 MIAMI, FL 33131 | | Mailing Address 801 BRICKELL AVENUE SUITE 2380 MIAMI, FL 33131 | |
| 2. Principal Place of Business 5733 Massiore St Suite, Apt. #, etc. | | 3. Mailing Address 5733 Massiore St. Suite, Apt. #, etc. | |
| City & State CORAL GABLES FL Zip 33146 | | City & State CORAL GABLES FL Zip 33146 | |
| 4. FEI Number 20-1077581 | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent TTK SERVICE LLC 801 BRICKELL AVENUE SUITE 2380 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name: RAFAEL J. SANCHEZ-ABALLI PA Street Address (P.O. Box Number is Not Acceptable) 4445 GERONA AVE City: CORAL GABLES FL Zip Code: 33146 | |
| 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, the registered agent. SIGNATURE: RAFAEL SANCHEZ-ABALLI <i>PA</i> DATE: 4.26.06 <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 D, P ALVAREZ, PABLO A ESQ. 801 BRICKELL AVENUE, SUITE 2380 MIAMI, FL 33131 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP 5733 Massiore St. Coral GABLES FL 33146 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 to my address, with all other like empowered. | | | |
| SIGNATURE: Pablo A. Alvarez <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date: 4.26.06 Phone: 305-779-5041 | |