2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State
01-20-2006 90030 010 ***150.00

DOCUMENT # P04000083138

1. Entity Name
ALICE SCLOSA MORALES P.A.

Principal Place of Business	Mailing Address
1915 BRICKELL AVENUE #C1613 MIAMI, FL 33129-1799	1915 BRICKELL AVENUE #C1613 MIAMI, FL 33129-1799

01142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2855 CUYAHOGA LN Suite, Apt. #, etc.	2855 CUYAHOGA LN Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33409 Country: USA	Zip: 33409 Country: USA

4. FEI Number: 20-1172303 ☐ 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
MORALES, ALICE SCLOSA 1915 BRICKELL AVENUE #C1613 MIAMI, FL 33129-1799	Name: SCLOSA-MORALES, Alice Street Address (P.O. Box Number is Not Acceptable): 2855 CUYAHOGA LN City: West Palm Beach FL Zip Code: 33409

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: X Alice Sclosa-Morales
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	D MORALES, ALICE SCLOSA 1915 BRICKELL AVENUE #C1613 MIAMI, FL 331291799	☒ Delete	D SCLOSA-MORALES, Alice 2855 CUYAHOGA LN West PALM Beach FL 33409	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TARTUCE, CRISTIAN 1915 BRICKELL AVENUE #C1613 MIAMI, FL 331291799	☒ Delete	D TARTUCE, CRISTIANE 2855 CUYAHOGA LN West PALM Beach, FL 33409	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: X Alice Sclosa-Morales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #