


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90004 015 \*\*\*150.00

<b>DOCUMENT # P04000098005</b>					
<b>1. Entity Name</b> MARIA F. SANTOS, P. A.					
<b>Principal Place of Business</b> 12045 LAVITA WAY BOYNTON BEACH, FL 33437			<b>Mailing Address</b> 12045 LAVITA WAY BOYNTON BEACH, FL 33437		
<b>2. Principal Place of Business</b> 1483 W. Bexley Park Dr Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1483 W. Bexley Park Dr Suite, Apt. #, etc.			
<b>City &amp; State</b> Delray Beach, FL Zip 33445 Country		<b>City &amp; State</b> Delray Beach, FL Zip 33445 Country		<b>4. FEI Number</b> 52-2445240	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SANTOS, MARIA 12045 LAVITA WAY BOYNTON BEACH, FL 33437			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b> SIGNATURE _____ DATE _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> SANTOS, MARIA F 12045 LAVITA WAY BOYNTON BEACH, FL 33437		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>S-T</b> SANTOS, MARIA F 12045 LAVITA WAY BOYNTON BEACH, FL 33437		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>Maria F. Santos</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			02/04/06 561-577-0858 <small>Date Daytime Phone #</small>		