

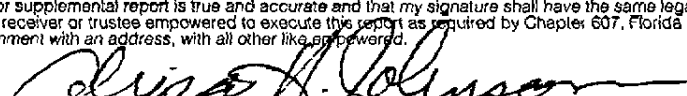


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000108800		
<small>1. Entity Name</small> AHIZA HERNANDEZ JOHNSON, P.A.		
<small>Principal Place of Business</small> 5701 SHERIDAN STREET HOLLYWOOD, FL 33021	<small>Mailing Address</small> 5701 SHERIDAN STREET HOLLYWOOD, FL 33021	
DO NOT WRITE IN THIS SPACE		<div style="text-align: center;"></div> <div style="display: flex; justify-content: space-between; font-size: small;">02232008No Chg-PCR2E034 (11/05)</div> <div style="display: flex; justify-content: space-between; font-size: x-small;"><div><small>4. FEI Number</small> 84-1652811</div><div><small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small></div></div> <div style="display: flex; justify-content: space-between; font-size: x-small;"><div><small>5. Certificate of Status Desired</small> <input type="checkbox"/></div><div>\$8.75 <small>Additional Fee Required</small></div></div>
<small>6. Name and Address of Current Registered Agent</small> JOHNSON, AHIZA H 5701 SHERIDAN STREET HOLLYWOOD, FL 33021		DO NOT WRITE IN THIS SPACE
<small>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.</small>		
<div style="display: flex; justify-content: space-between;"><div><small>SIGNATURE</small> <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div><small>(NOTE: Registered Agent signature required when re-registering)</small></div><div><small>DATE</small></div></div>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/> \$5.00 <small>May Be Added to Fees</small>
10. OFFICERS AND DIRECTORS		<div style="font-size: small; margin-bottom: 20px;">000000471761 03/29/06-80009-018 150.00</div> DO NOT WRITE IN THIS SPACE
<small>TITLE</small>	D	
<small>NAME</small>	JOHNSON, AHIZA H	
<small>STREET ADDRESS</small>	5701 SHERIDAN STREET	
<small>CITY - ST - ZIP</small>	HOLLYWOOD, FL 33021	
<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY - ST - ZIP</small>		
<small>TITLE</small>		
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<small>TITLE</small>		
<small>NAME</small>		
<small>STREET ADDRESS</small>		
<small>CITY - ST - ZIP</small>		
<small>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.</small>		
SIGNATURE: 		<div style="font-size: small;">3/14/06 954 322-0084</div>