
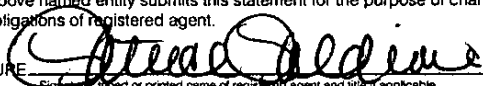



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90073 012 ***150.00

DOCUMENT # P04000116827 1. Entity Name LAW OFFICES OF PATRICE PALDINO, P.A.																																																			
Principal Place of Business 621 S. FEDERAL HWY. SUITE 3 FORT LAUDERDALE, FL 33302 US		Mailing Address 253 N.E. 212TH TERRACE NORTH MIAMI, FL 33179 US																																																	
2. Principal Place of Business 1445 Washington St		3. Mailing Address 1445 Washington St																																																	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																	
City & State Hollywood FL		City & State Hollywood FL																																																	
Zip 33020		Zip 33020																																																	
Country US		Country US																																																	
4. FEI Number 20-1474238		Applied For <input 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 PALDINO, PATRICE ESQUIRE 253 N.E. 212TH TERRACE NORTH MIAMI, FL 33179		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) 1445 Washington St City Hollywood FL Zip Code 33020																																																	
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:  DATE: 1/23/06 <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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> P PALDINO, PATRICE 253 NE 212TH TERRACE NORTH MIAMI, FL 33179 </td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALDINO, PATRICE 253 NE 212TH TERRACE NORTH MIAMI, FL 33179	<input type="checkbox"/> Delete																						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> 1445 Washington St Hollywood, FL 33020 </td> <td style="width: 10%; text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1445 Washington St Hollywood, FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
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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:  DATE: 1/23/06 DAYTIME PHONE: 305-336-7623 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																			