

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000142277

Entity Name: ANA CUFFIA, P.A.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

1835 MAIN ST STE 101
WESTON, FL 33326

New Principal Place of Business:

608 SW 4 TH AVENUE
FORT LAUDERDALE, FL 33315

Current Mailing Address:

1835 MAIN ST STE 101
WESTON, FL 33326

New Mailing Address:

608 SW 4 TH AVENUE
FORT LAUDERDALE, FL 33315

FEI Number: 01-0678554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CUFFIA, ANA
1835 MAIN ST STE 101
WESTON, FL 33326 US

Name and Address of New Registered Agent:

CUFFIA, ANA
608 SW 4 TH AVENUE
FORT LAUDERDALE, FL 33315 US

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.

SIGNATURE: ANA CUFFIA

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CUFFIA, ANA
Address: 1835 MAIN ST STE 101
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: CUFFIA, GIANCARLO
Address: 602 SW 1 ST
City-St-Zip: FORT LAUDERDALE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CUFFIA, ANA
Address: 608 SW 4 TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

Title: D (X) Change () Addition
Name: CUFFIA, GIANCARLO
Address: 608 SW 4 TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33315

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANA CUFFIA

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date