


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 8:00 am
Secretary of State

01-11-2006 90011 020 ***150.00

DOCUMENT # P04000162615 1. Entity Name CLAIRE HESKIEL, P.A.																											
Principal Place of Business 2205 NE 207 STREET NORTH MIAMI BEACH, FL 33180		Mailing Address 2205 NE 207 STREET NORTH MIAMI BEACH, FL 33180																									
2. Principal Place of Business 3380 194th LANE Suite, Apt. #, etc.		3. Mailing Address 3380 194th LANE Suite, Apt. #, etc.																									
City & State SUNNY ISLES BE. FL Zip 33160 Country US		City & State SUNNY ISLES BE. FL Zip 33160 Country US																									
4. FEI Number 20-1951140		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 MOYAL, PATRICK 208 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____																									
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 _____ <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: 10%;">TITLE</td> <td style="width: 70%;">POS HESKIEL, CHRISTINE <input type="checkbox"/> Delete</td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td>2205 NE 207 STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NORTH MIAMI BEACH, FL 33180</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	POS HESKIEL, CHRISTINE <input type="checkbox"/> Delete		NAME	2205 NE 207 STREET		STREET ADDRESS	NORTH MIAMI BEACH, FL 33180		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3380 194th LANE SUNNY ISLES BEACH, FL 33160 </td> <td style="width: 20%;"></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3380 194th LANE SUNNY ISLES BEACH, FL 33160		NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01/04/2006 <small>Date</small>																									
<small>Daytime Phone #</small>																											