


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90090 015 ***150.00

DOCUMENT # P04000171039	
1. Entity Name DAVID R. HAZOURI, P.A.	

Principal Place of Business 200 SOUTH BISCAYNE BOULEVARD 2500 WACHOVIA FINANCIAL CENTER MIAMI, FL 33131-5340	Mailing Address 200 SOUTH BISCAYNE BOULEVARD 2500 WACHOVIA FINANCIAL CENTER MIAMI, FL 33131-5340
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2. Principal Place of Business 200 S. Biscayne Blvd Suite, Apt. #, etc. Suite 2500 City & State Miami, FL Zip 33131-5340	Country USA	3. Mailing Address 200 S. Biscayne Blvd Suite, Apt. #, etc. Suite 2500 City & State Miami, FL Zip 33131-5340	Country USA
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02092006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2086775	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 HAZOURI, DAVID R 200 SOUTH BISCAYNE BOULEVARD SUITE 2500 MIAMI, FL 33131-5340	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAZOURI, DAVID R 200 SOUTH BISCAYNE BOULEVARD MIAMI, FL 331315340 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST 200 S. Biscayne Blvd Suite 2500 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David Hazouri 3/7/05 305-374-7580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #