


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 Mailing Address

**200 SOUTH BISCAYNE BOULEVARD
 2500 WACHOVIA FINANCIAL CENTER
 MIAMI, FL 33131-5340**

**200 SOUTH BISCAYNE BOULEVARD
 2500 WACHOVIA FINANCIAL CENTER
 MIAMI, FL 33131-5340**

2. Principal Place of Business 3. Mailing Address

200 S. Biscayne Blvd **200 S. Biscayne Blvd**

Suite, Apt. #, etc. Suite, Apt. #, etc.


Suite 2500 **Suite 2500**

City & State City & State

Miami, FL **Miami, FL**

Zip Country Zip Country

33131-5340 **USA** **33131-5340** **USA**



02092006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

20-2086775 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**HAZOURI, DAVID R
 200 SOUTH BISCAYNE BOULEVARD
 SUITE 2500
 MIAMI, FL 33131-5340**

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 _____ DATE _____

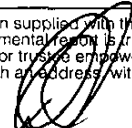
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

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 #