2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT # P04000171476** 03-13-2006 90090 011 ***150.00 1. Entity Name MICHAEL C. FOSTER, P.A. Principal Place of Business Mailing Address 200 SOUTH BISCAYNE BLVD. 200 SOUTH BISCAYNE BLVD. 2500 WACHOVIA FINANIAL CENTER 2500 WACHOVIA FINANIAL CENTER MIAMI, FL 33131-5340 MIAMI, FL 33131-5340 2. Principal Place of Business 3. Mailing Address 200 <u>S. Biscayne Blvd</u> 200 S. Biscayne Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 02092006 Chg-P CR2E034 (11/05) Suite 2500 <u>Suite 2500</u> City & State City & State Applied For 4 FEI Number Miami, FLMiami, FL 20-2085432 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33131-5340 Fee Required <u>33131-5340</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOSTER, MICHAEL C Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD. **SUITE 2500** MIAMI, FL 33131-5340 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change **⋈** Addition TITLE TITLE DPST NAME NAME Michael C. Foster 200 S. Biscayne Blvd Miami FL 33131-5340 STREET ADDRESS STREET ADDRESS Suite 2500 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information use and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied, indicated on this report or of the corporation or the supplemental report is peiver or truste empo to execute this report other like empowered. changed, or on an atta

michael

WINTED NAME OF SIGNING OFFICER OR D

FILED Mar 13, 2006 8:00 am