2006 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Apr 19, 2006 8:00 am Secretary of State

DOCUMENT # P05000007589 1. Entity Name ANTONIO A. GUTIERREZ, P.A.					04-19-2006 90093 007 ***150.00			
Principal Place of Business 9100 S DADELAND BLVD PH I STE 1701 MIAMI, FL 33156		Mailing Address 9100 S DADELAND BLVD PH I STE 1701 MIAMI, FL 33156			60028470			
2. Principal P		3. Mailing Address 9560 500 10779 Aure Suite, Apt. #, etc.		<u>r</u>				
City & Stat	• -	Cityle State		0407200	ımber	├	Applied For	
MIGH	c Dude	70 Zip 33176	Country		cate of Status Desired	\$8.75 A		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CRAIG E. WEISSBERG, P.A. 9100 S DADELAND BLVD PHI SUITE 1701 MIAMI, FL 33156				Street Address (P.O. Box Number is Non-Acceptable)				
8. The above the obligat	named entity submits this statement for ions of restaured agent.	the purpose of changing its re	egistered office or	registered agent, o	r both, in the State of Flo	FL Zip Co grida. I am familiar wit	ו ביו	
SIGNATURE Signature and province of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE								
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	S. Election Campaign Trust Fund Contrib		\$5.00 May Be Added to Fees	9		,	
10.	OFFICERS AND	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
NAME STREET ADDRESS CITY-ST-ZIP	D Delete TIT GUTIERREZ, ANTONIO A NA 9100 S DADELAND BLVD PH I STE 1701 STE MIAMI, FL 33156 CT			9560 S.	w 101 re, 4	Change	e □ Addition ₩ 204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	··· •		☐ Change	Addition	
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12. I hereby certify that the information supplied with this filling 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 and an address, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Date