


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-13-2006 90090 016 ***150.00

DOCUMENT # P05000023100	
1. Entity Name ALLISON K. HIFT, P.A.	

Principal Place of Business 2500 WACHOVIA FINANCIAL CENTER 200 S BISCAYNE BLVD MIAMI, FL 33131-5340	Mailing Address 2500 WACHOVIA FINANCIAL CENTER 200 S BISCAYNE BLVD MIAMI, FL 33131-5340
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20015311



2. Principal Place of Business 200 S. Biscayne Blvd		3. Mailing Address 200 S. Biscayne Blvd	
Suite, Apt. #, etc. Suite 2500		Suite, Apt. #, etc. Suite 2500	
City & State Miami, FL		City & State Miami, FL	
Zip 33131-5340	Country USA	Zip 33131-5340	Country USA

02092006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2349132	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HIFT, ALLISON K 2500 WACHOVIA FINANCIAL CENTER 200 S BISCAYNE BLVD MIAMI, FL 33131-5340		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd Suite 2500 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 _____
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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 HIFT, ALLISON K 2500 WACHOVIA FINANCIAL CENTER 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
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
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:  Allison K. Hift	Date 3-6-06	Daytime Phone # 305 807 7400
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