
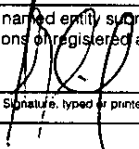
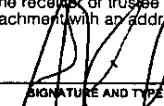


FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90084 009 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000031518			
1. Entity Name ALAIN MARC RENE P.A.			
Principal Place of Business 19430 E. COUNTRY CLUB DR AVENTURA, FL 33180		Mailing Address 19430 E. COUNTRY CLUB DR AVENTURA, FL 33180	
2. Principal Place of Business 1150 Kane Concourse Suite 2 E Bay Harbor Island, FL 33154		3. Mailing Address 1150 Kane Concourse Suite 2 E Bay Harbor Island, FL 33154	
4. FEI Number 20-2400185		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 RENE, ALAIN MARC 19430 E. COUNTRY CLUB DR AVENTURA, FL 33180		7. Name and Address of New Registered Agent RENE, ALAIN MARC 1150 Kane Concourse Suite 2 E Bay Harbor Island, FL 33154	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P RENE, ALAIN MARC 19430 E. COUNTRY CLUB DR AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP P RENE, ALAIN MARC 1150 Kane Concourse Suite 2 E Bay Harbor Island, FL 33154	
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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:  ALAIN MARC RENE		Date: 03/08/2006 Daytime Phone #: 305 7767375	