


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90014 002 ***150.00

DOCUMENT # P05000032200 1. Entity Name FLORIDA 1ST CHOICE INC.					
Principal Place of Business 1707 QUAILS NEST DR APT # 203 BRANDON, FL 33510			Mailing Address 1707 QUAILS NEST DR APT # 203 BRANDON, FL 33510		
2. Principal Place of Business 737 PARROT CT Suite, Apt. #, etc.			3. Mailing Address 737 PARROT CT Suite, Apt. #, etc.		
City & State Kissimmee FL			City & State Kissimmee FL		
Zip 34759		Country USA		4. FEI Number 20 246 26 86	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent QUINTANA, IDORKIS 1707 QUAILS NEST DR APT # 203 BRANDON, FL 33510			7. Name and Address of New Registered Agent Name QUINTANA IDORKIS Street Address (P.O. Box Number is Not Acceptable) 737 PARROT CT City KISSIMMEE FL Zip Code 34759		
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: <u><i>Quintana</i></u> <u><i>Secretary</i></u> <u><i>5/30/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D COLLAZO, WILLIAM 1707 QUAILS NEST DR APT # 203 BRANDON, FL 33510 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D COLLAZO WILLIAM 737 PARROT CT KISSIMMEE FL 34759 <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	
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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: <u><i>William Collazo</i></u> <u><i>DIRECTOR</i></u> <u><i>5/30/06</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u><i>5/30/06</i></u> Daytime Phone #		

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