

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-10-2006 90045 001 ***150.00
 02-10-2006 90045 002 *****8.75

66003046



02072006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000033198					
1. Entity Name ALINA GALLART, P.A.					
Principal Place of Business 791 CRANDON BLVD. #1505 KEY BISCAYNE, FL 33149 US			Mailing Address 791 CRANDON BLVD. #1505 KEY BISCAYNE, FL 33149 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. # etc.			Suite, Apt. # etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FC Number 20-2508483				App'd For Not App'able	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINE, ALAN W 1110 BRICKELL AVENUE SEVENTH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number's Not Accepted)			Street Address (P.O. Box Number's Not Accepted)		
City			City		
FL			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 _____					
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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALLART, ALINA		NAME		
STREET ADDRESS	791CRANDON BLVD., #1505		STREET ADDRESS		
CITY ST ZIP	KEY BISCAYNE, FL 33149		CITY ST ZIP		
TITLE	T, S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALLART, FEDERICO A		NAME		
STREET ADDRESS	791 CRANDON BLVD., #1505		STREET ADDRESS		
CITY ST ZIP	KEY BISCAYNE, FL 33149		CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY ST ZIP			CITY ST ZIP		
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 I 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 a other like empowered.					
SIGNATURE:			2/7/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



ATTACHMENT

66603046

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2006

ALINA GALLART, P.A.
791 CRANDON BLVD.
#1505
KEY BISCAYNE, FL 33149 US

Subject: ALINA GALLART, P.A.

Reference Number: P05000033198

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION