

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034722

FILED  
Mar 21, 2006  
Secretary of State

Entity Name: ISABEL A. FONTANEAU, P.A.

## Current Principal Place of Business:

12498 SW 127 AVENUE  
MIAMI, FL 33186

## New Principal Place of Business:

11884 SW 80TH TERRACE  
MIAMI, FL 33183

## Current Mailing Address:

8005 SW 107 AVENUE  
APT. 321  
MIAMI, FL 33173

## New Mailing Address:

11884 SW 80TH TERRACE  
MIAMI, FL 33183

FEI Number: 20-2452202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FONTANEAU, ISABEL A  
8005 SW 107 AVENUE  
APT. 321  
MIAMI, FL 33173 US

## Name and Address of New Registered Agent:

FONTANEAU, ISABEL A  
11884 SW 80TH TERRACE  
MIAMI, FL 33183 US

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.

SIGNATURE:

03/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: FONTANEAU, ISABEL A  
Address: 8005 SW 107 AVENUE, APT. 321  
City-St-Zip: MIAMI, FL 33173

Title: S (X) Delete  
Name: FONTANEAU, ISABEL A  
Address: 8005 SW 107 AVENUE, APT. 321  
City-St-Zip: MIAMI, FL 33173

Title: T (X) Delete  
Name: FONTANEAU, ISABEL A  
Address: 8005 SW 107 AVENUE, APT. 321  
City-St-Zip: MIAMI, FL 33173

Title: D (X) Delete  
Name: FONTANEAU, ISABEL A  
Address: 8005 SW 107 AVENUE, APT. 321  
City-St-Zip: MIAMI, FL 33173

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: FONTANEAU, ISABEL A  
Address: 11884 SW 80TH TERRACE  
City-St-Zip: MIAMI, FL 33183

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL FONTANEAU

P

03/21/2006

Electronic Signature of Signing Officer or Director

Date