

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034946

Entity Name: GIUSEPPINA MIRANDA, P.A.

FILED  
Feb 25, 2006  
Secretary of State

**Current Principal Place of Business:**

633 SE 3RD AVENUE - SUITE 202  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 480033  
FT. LAUDERDALE, FL 33348

**New Mailing Address:**

FEI Number: 20-2460513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MIRANDA, GIUSEPPINA  
633 SE 3RD AVENUE - SUITE 202  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: MIRANDA, GIUSEPPINA  
Address: 1 EAST BROWARD BLVD., SUITE 1501  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: MIRANDA, GIUSEPPINA  
Address: 633 SE THIRD AVENUE, SUITE 633  
City-St-Zip: FORT LAUDERDALE, FL 33301

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: GIUSEPPINA MIRANDA

PRES

02/25/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date