
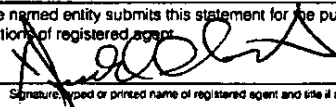
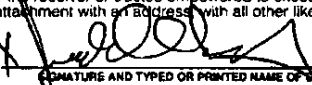


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90209 050 \*\*\*150.00

<b>DOCUMENT # P05000038028</b>			
1. Entity Name <b>JOSE SUAREZ, P A</b>			
Principal Place of Business <b>201 FAIRMONT WAY WESTON, FL 33326 US</b>		Mailing Address <b>201 FAIRMONT WAY WESTON, FL 33326 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>SUAREZ, JOSE 201 FAIRMONT WAY WESTON, FL 33326</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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:  DATE: <b>04/24/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVTS SUAREZ, JOSE 201 FAIRMONT WAY WESTON, FL 33326</b> <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	<b>D SUAREZ, JOSE 201 FAIRMONT WAY WESTON, FL 33326</b> <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:  <b>President</b>		DATE: <b>04/24/06</b> PL: <b>803 7638</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

66017848



04182006 Chg-P CR2E034 (11/05)

4. FEI Number **20-2556896** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**



**ATTACHMENT**  
**# P05000038028**  
**66017848**  
**Division of Corporations**

**Annual Report****Annual Report Help**

Document Number

**P05000038028**

Business Entity Name

**JOSE SUAREZ, P A**

FEI Number

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No**Principal Place of Business**

Address **201 FAIRMONT WAY**  
Suite, Apt. #, etc.  
City, State **WESTON**, **FL**  
Zip Code & Country **33326** **US**

**Mailing Address**

Address **201 FAIRMONT WAY**  
Suite, Apt. #, etc.  
City, State **WESTON**, **FL**  
Zip Code & Country **33326** **US**

**Name and Address of Registered Agent**Name (Last, First, Middle, Title) **SUAREZ**, **JOSE****- OR -**

Business to serve as RA

Address (PO Box is not acceptable) **201 FAIRMONT WAY**

Suite, Apt. #, etc.

City, State **WESTON**, **FL**Zip Code & Country **33326** **US**

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

**ATTACHMENT**  
66017848  
# P05000038028

entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

### Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

### Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PVTS
Name (Last, First, Middle, Title)	SUAREZ, JOSE
- OR -	
Entity Name to serve as Officer/Director	
Street Address	201 FAIRMONT WAY
City, State	WESTON, FL
Zip Code & Country	33326 US
Title	D
Name (Last, First, Middle, Title)	SUAREZ, JOSE
- OR -	
Entity Name to serve as Officer/Director	
Street Address	201 FAIRMONT WAY
City, State	WESTON, FL
Zip Code & Country	33326 US
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	
Title	

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# P05000038028

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**Sunbiz Home Page**

**Annual Report Help**

ATTACHMENT  
66017848  
# P03000038028

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as  
Officer/Director

Street Address

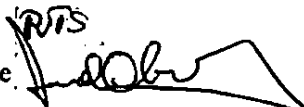
City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

RTS  


This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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