2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State 02-17-2006 90064 022 ***150.00

City & State Country Zip Country Zip Country A. Certificate of Status Desired F. Carrificate of Status Desired F. Name Street Address (P.O. Box Number is Not Acceptable) City F. L. F. City F. L. Street Address (P.O. Box Number is Not Acceptable) City F. L. F. City F. L. Street Address (P.O. Box Number is Not Acceptable) City F. L. F. L. F. L. Street Address (P.O. Box Number is Not Acceptable) City F. L. F. L. F. L. Street Address (P.O. Box Number is Not Acceptable) City F. L. F. L. Street Address (P.O. Box Number is Not Acceptable) Descriptions of registered agent, or both, in the State of Florida. I am fair fair fair fair fair fair fair fair) 7	
2. Principal Place of Business 3. Mailing Address 5. Suite, Apr. F, etc. 92032006 ChgP CR2EGS. Suite, Apr. F, etc. 92032006 ChgP CR2EGS. Zip Country Zip Country 3. Saite 4. FELSharper 2.1 89 3.44 Zip Country 7. Saite 8. Christopher 2.1 89 3.44 Enclared and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (P.O. Box Number is Not Acceptable) BRIAN PRZYSTUP & ASSOCIATES LLC 1881 WASHINGTON AVE 12-E M. BEACH, FL 33139 Chy FL 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 Forda. I am far the obligations or irregistered agent. SIGNATURE Dynam, topical grand care of registered spent and the acetistation. POST. Registered Agent spents increased in the including Printer Print Pri	3 f	
City & State Ci		
Zip Country Zip Country Zip Country - 6. Certificate of Status Desired 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) Name Street Address (P.O. Box Number is Not Acceptable) City FL City	4 (11/05))
BRIAN PRZYSTUP 8 ASSOCIATES LLC 1881 WASHINGTON AVE 12-E M. BEACH, FL .33139 City City City FL 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am far the obligations of registered agent. SIGNATURE Symen, typed or private name of requiremed agent and talls a acticulate. PILE NOWILL PEE IS \$150.00 10. CFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. THE MALE TO THE TOP OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. TO THE MALE TO THE TOP OFFICERS AND DIRECTORS 16. TO THE TOP OFFICERS TO THE TOP OFFICERS AND DIRECTORS 17. ST. ZP 18. THE ADDITIONS TO THE TOP OFFICERS TO		oplied For fot Applicable
BRIAN PRZYSTUP & ASSOCIATES LLC 1881 WASHINGTON AVE 12-E M. BEACH, FL .33139 Ethic 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 far the obligations of registered agent. SIGNATURE Symmes, regard name of impassed agent and ties a pockable. PILE INDWITE FEE IS \$150.00 After Mey 1, 2006 Fee with be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. Election Campaign Financing 13. Election Campaign Financing 14. ADDITIONS/CHANGES TO OFFICERS AND DIN	8.75 Adi	Iditional
BRIAN PRZYSTUP & ASSOCIATES LLC 1881 WASHINGTON AVE 12-E M. BEACH, FL 33139 City City FL 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 far the obligations of registered agent. SIGNATURE Bytes. Typed or protect name of requirement legent and the 1 application. OATE PILE INDWRIT FEE IS \$150.00 After May 1, 2006 Fee with be 3560.00 R. Election Campaign Financing Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1251 NE 84TH ST STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE	ent T	+ + + +
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 fair the obligations of registered agent. SIGNATURE Signature, host or prized name of regulated agent and table a poblicable. (NOTC. Registered Agent surplant required when remutating) DATE FILE NOWILL File IS \$150.00 After May 1, 2006 Fee will be \$150.00 B. Election Campaign Financing Trust Fund Contribution. TITLE P/T Deteto TITLE NAME SIRET ADDRESS CITY-SI-2P TITLE Deteto TITLE NAME SIRET ADDRESS CITY-SI-2P TITLE Deteto TITLE NAME SIRET ADDRESS CITY-SI-2P TITLE SIRET ADDRESS CITY-SI-2P		
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 far the obligations of registered agent. SIGNATURE Synacre, hyperor protect name of registered agent and table a adolestate. PILE:NOWIII PEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MAKE SIRET ADDRESS CITY-ST-2P	Zip Cod	de
After Mey 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS STREET ADDRESS CITY-S1-2P	.miller with,	, and accept
TITLE NAME STREET ADDRESS CITY-S1-ZP MIAMI, FL 33138 Delete NAME STREET ADDRESS CITY-S1-ZP TITLE NAME STREET ADDRESS CITY-S1-ZP	PIRECTOR	25 IN 11
MAME STREET ADDRESS CCTY-ST-ZP TITLE MAME STREET ADDRESS CCTY-ST-ZP	Change	Addition
RIMAE STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZP TITLE INAME STREET ADDRESS CITY-ST-ZP TITLE OBJECT STREET ADDRESS CITY-ST-ZP TITLE OCTY-ST-ZP TITLE OCTY-ST-ZP TITLE OCTY-ST-ZP TITLE OCTY-ST-ZP	Change	Addillon
NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	Change	Addition
	Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify 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 of the corporation or the legalier or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 6 changed, or on an attact ment with an address, with all other Big empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED OR PRINTED NAME OF STANDARD OR PRINTED		TOT OILECTO



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 21, 2006

MIGUEL E FERNANDEZ P.A. 1028 NE 84 ST MIAMI, FL 33138

Subject: MIGUEL E FERNANDEZ P.A.

Reference Number:

P05000040570

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> 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:

/cd ANNUAL REPORTS SECTION