


04-24-2006 90408 015 \*\*\*150.00  
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**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

06 SEP -6 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P05000047782</b>			
1. Entity Name <b>RAFAELA PARRA DI SCIPIO, P.A.</b>			
Principal Place of Business <b>7905 NORTHWEST 83 STREET TAMARAC, FL 33321</b>		Mailing Address <b>7905 NORTHWEST 83 STREET TAMARAC, FL 33321</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	County	Zip	County
4. FEI Number <b>20-2590442</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Add'l (annual) Fee Required			
6. Name and Address of Current Registered Agent <b>DI SCIPIO, RAFAELA P 7905 NORTHWEST 83 STREET TAMARAC, FL 33321</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and state it is approved. (NOTE: Registered Agent's name is not needed when self-serving)</small>			
FILE NOW! FEE IS \$169.00 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 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
<b>DI SCIPIO, RAFAELA P 7905 NORTHWEST 83 STREET TAMARAC, FL 33321</b>			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 318, 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 affidavit, with all other filers approved.			
SIGNATURE: <i>Rafaela Parra</i>		DATE: <i>04-17-06</i>	
<small>PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	



03012006 Ctg-P CR2E034 (11/05)

