

2006 FOR PROFIT CORPORATION ANNUAL REPORT


9/7/2006-90012-036-\$150.00-\$150.00

Page 1 of 2

FILED

2006 OCT 12 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000048452					
1. Entity Name DANIELLE N. PAVON P.A.					
Principal Place of Business 6556 WEST SAMPLE ROAD CORAL SPRINGS, FL 33067			Mailing Address 6556 WEST SAMPLE ROAD CORAL SPRINGS, FL 33067		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2595887	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PAVON, DANIELLE N 6556 WEST SAMPLE ROAD CORAL SPRINGS, FL 33067				7. Name and Address of New Registered Agent	
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.				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
SIGNATURE: <i>Danielle N Pavon</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)				DATE: <i>9/5/06</i>	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAVON, DANIELLE N 6556 WEST SAMPLE ROAD CORAL SPRINGS, FL 33067	<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	VP PAVON, DANIELLE N 6556 WEST SAMPLE ROAD CORAL SPRINGS, FL 33067	<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 19, 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: <i>Danielle N Pavon</i> Signature and typed or printed name of signing officer or director		
			DATE: <i>9/5/06</i>		

paywz

**Danielle N. Pavon, PA
6556 West Sample Road
Coral Springs, FL 33067**

October 10, 2006

Florida Department of State
Division of Corporations
2661 Executive Center Circle
Clifton Building
Tallahassee, FL 32314

Reference Number- PO5000048452

To Whom It May Concern:

Please be advised that I did not receive this letter on September 8, 2006 and therefore I am truly submitted the requested information within the appropriate 30 day limit as instructed on the letter attached.

The post office delivered the letter to another home and I did not receive it until recently. If I would have known of the deadline it would have been submitted earlier and by the deadline.

I am overnighting via UPS the requested information so no more time will be wasted.

Thank you for your understanding in this matter.

Thank you,

Danielle N Pavon
Danielle N Pavon