
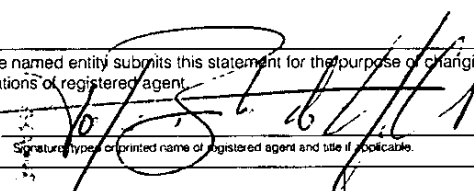
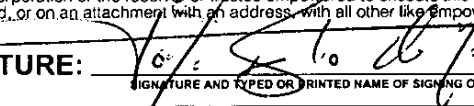


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90003 032 ***150.00

DOCUMENT # P05000050618			
1. Entity Name TOMAS B. DE MELLO P.A.			
Principal Place of Business 8650 SW 67 AVE MIAMI, FL 33143-7858		Mailing Address 8650 SW 67 AVE MIAMI, FL 33143-7858	
2. Principal Place of Business 9045 SW 160 Terrace Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Palmetto Bay, FL		City & State	
Zip 33157	Country USA	Zip	Country
4. FEI Number 20-2646151		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE MELLO, THOMAS 8650 SW 67 AVE MIAMI, FL 33143-7858		7. Name and Address of New Registered Agent Name Tax Management Services Corp Street Address (P.O. Box Number is Not Acceptable) 7955 NW 12 Street Suite 400 City Miami FL Zip Code 33126	
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	
SIGNATURE (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		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	D DE MELLO, THOMAS 8650 SW 67 AVE MIAMI, FL 331437858 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T De Mello Thomas 9045 SW 160 Terrace Palmetto Bay, FL 33157 <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
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: 		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

50024069

