

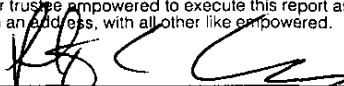


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90090 014 \*\*\*150.00

<b>DOCUMENT # P05000051380</b> 1. Entity Name <b>PATRICK E. GONYA, P.A.</b>					
Principal Place of Business <b>2500 WACHOVIA FINANCIAL CENTER 200 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131-5340</b>			Mailing Address <b>2500 WACHOVIA FINANCIAL CENTER 200 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131-5340</b>		
2. Principal Place of Business <b>200 S. Biscayne Blvd</b> <small>Suite, Apt. #, etc.</small> <b>Suite 2500</b> <small>City &amp; State</small> <b>Miami, FL</b> <small>Zip</small> <b>33131-5340</b>		3. Mailing Address <b>200 S. Biscayne Blvd</b> <small>Suite, Apt. #, etc.</small> <b>Suite 2500</b> <small>City &amp; State</small> <b>Miami, FL</b> <small>Zip</small> <b>33131-5340</b>			
<small>Country</small> <b>USA</b>		<small>Country</small> <b>USA</b>		4. FEI Number <b>20-2654077</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GONYA, PATRICK E 200 S BISCAYNE BLVD STE 2500 MIAMI, FL 33131-5340</b>			7. Name and Address of New Registered Agent <small>Name</small> _____ <small>Street Address (P.O. Box Number is Not Acceptable)</small> _____ <small>City</small> _____ <small>FL</small> <small>Zip Code</small> _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>D</b> <input type="checkbox"/> Delete <b>GONYA, PATRICK E</b> <b>2500 WACHOVIA FINANCIAL CENTER</b> <b>MIAMI, FL 331315340</b>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<b>DPST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 S. Biscayne Blvd Ste 2500</b>	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete    		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition    	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete    		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition    	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete    		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition    	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete    		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition    	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete    		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<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.					
<b>SIGNATURE:</b>  <b>Patrick Gonya</b> <b>3/7/05</b> <b>305-374-7580</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					