

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2006 8:00 am
Secretary of State

09-07-2006 90012 050 ***555.00

DOCUMENT # P05000054425					
1. Entity Name TRACEY CABANIS ROBINSON, P.A.					
Principal Place of Business 12204 SW 130 STREET MIAMI, FL 33186			Mailing Address 8232 GOSSOMER BAY DRIVE CHARLOTTE, NC 33186		
2. Principal Place of Business		3. Mailing Address 13850 Ballantyne Corp PL.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #500			
City & State		City & State Charlotte, NC			
Zip	Country	Zip 28277	Country USA	4. FEI Number 20-2818488	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRENNAN, BETHONY 12204 SW 130 STREET MIAMI, FL 33186			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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006		9. Election Campaign Financing <input checked="" 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	D ROBINSON, TRACEY C 8232 GOSSOMER BAY DRIVE CHARLOTTE, NC 28270	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Robinson, Tracey Cabanis 13850 Ballantyne Corp. PL # 500 Charlotte, NC 28277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Tracey Cabanis Robinson			9/4/06 (704) 771-6331		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		