

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

5/1

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90031 041 \*\*\*550.00

<b>DOCUMENT # P05000097674</b> 1. Entity Name <b>FLAGLER SQUARE SERVICE CORP</b>					
Principal Place of Business <b>11305 W. FLAGLER ST. MIAMI, FL 33174</b>			Mailing Address <b>11305 W. FLAGLER ST. MIAMI, FL 33174</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02262006 Chg-P CR2E034 (11/05)	
4. FEI Number <b>20-3133322</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NUNEZ, LAZARO 12671 SW 9TH ST. MIAMI, FL 33174</b>				7. Name and Address of New Registered Agent Name <b>LAZARO NUNEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>686 N.W 127 CT</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33182</b>	
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) DATE _____					
<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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NUNEZ, LAZARO <input type="checkbox"/> Delete 12871 SW 9TH ST. MIAMI, FL 33184				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD NUNEZ, MARIA <input type="checkbox"/> Delete 12871 SW 9TH ST. MIAMI, FL 33184				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<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: LAZARO NUNEZ / LAZARO NUNEZ PTD 7/16/06 305-485-1231</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					