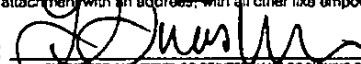


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90279 003 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  |                                                                                                                                                                                 |                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P05000112206</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                  |                                                                                                |                                                                                                                                                        |
| 1. Entity Name<br>LAURAN GUASTALLI, P.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                  |                                                                                                                                                                                 |                                                                                                                                                        |
| Principal Place of Business<br>2633 NW 99 AVE<br>CORAL SPRINGS, FL 33065                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                  | Mailing Address<br>2633 NW 99 AVE<br>CORAL SPRINGS, FL 33065                                                                                                                    |                                                                                                                                                        |
| 2. Principal Place of Business<br>1430 NW 93 Terrace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                  | 3. Mailing Address<br>1430 NW 93 Terrace                                                                                                                                        |                                                                                                                                                        |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  | Suite, Apt. #, etc.                                                                                                                                                             |                                                                                                                                                        |
| City & State<br>Coral Springs, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                  | City & State<br>Coral Springs, FL                                                                                                                                               |                                                                                                                                                        |
| Zip<br>33071                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Country<br>USA                                                                                                   | Zip<br>33071                                                                                                                                                                    | Country<br>USA                                                                                                                                         |
| 6. Name and Address of Current Registered Agent<br>GUASTALLI, LAURAN P<br>2633 NW 99 AVE<br>CORAL SPRINGS, FL 33065                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                  | 7. Name and Address of New Registered Agent<br>Name: Same<br>Street Address (P.O. Box Number is Not Acceptable)<br>1430 NW 93 Terrace<br>City: Coral Springs FL Zip Code: 33071 |                                                                                                                                                        |
| 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 _____<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                  |                                                                                                                                                                                 |                                                                                                                                                        |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                 |                                                                                                                                                        |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                           |                                                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | P<br>GUASTALLI, LAURAN P<br>2633 NW 99 AVE<br>CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | P<br>Guastalli, Lauran P<br>1430 NW 93 Terrace<br>Coral Springs, FL 33071 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Delete                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>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 recorder 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 or without other like empowered. |                                                                                                                  |                                                                                                                                                                                 |                                                                                                                                                        |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                  | LAURAN GUASTALLI 4-10-06 (954) 830-7708                                                                                                                                         |                                                                                                                                                        |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                  | Date Daytime Phone #                                                                                                                                                            |                                                                                                                                                        |

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03112006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3322427 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required