2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State
02-21-2006 90031 023 ***150.00

DOCUMENT # P05000132001

1. Entity Name
ILEANA DOLAN, P.A.

Principal Place of Business	Mailing Address
4976 NW 67 AVENUE LAUDEHILL FL 33319	4976 NW 67 AVENUE LAUDEHILL FL 33319

2. Principal Place of Business	3. Mailing Address
1709 NE 5TH STREET	1709 NE 5TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE	City & State: FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

1st MOORE CR2E034 (10/05)

57-1229576

4. FEI Number 57-1229576 ~~46 PENDING~~ ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FILINGS, INC. 3732 NW 16 ST FT LAUDERDALE FL 33311	Name: ILEANA DOLAN Street Address (P.O. Box Number is Not Acceptable): 1709 NE 5TH STREET City: FORT LAUDERDALE FL Zip Code: 33301

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: [signature] 2/9/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DPST DOLAN, ILEANA 4976 NW 67 AVE LAUDERHILL FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature], ILEANA DOLAN, PRES. 2/9/06 (954)914 0149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #