


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**


02-02-2006 90033 001 \*\*\*150.00

<b>DOCUMENT # P05000133130</b>	
1. Entity Name <b>LUIS F CHACON P.A.</b>	

Principal Place of Business <b>10350 WEST BAY HARBOR DR. 7N BAY HARBOR ISLAND, FL 33154</b>	Mailing Address <b>10350 WEST BAY HARBOR DR. 7N BAY HARBOR ISLAND, FL 33154</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>3201 NE 183<sup>RD</sup> ST 1203 AVENUE</b>	3. Mailing Address Suite, Apt. #, etc. <b>1203 FLORIDA.</b>
City & State <b>33160</b>	City & State <b>33160</b>
Country	Country

**60010100**



01292006 Chg-P CR2E034 (11/05)

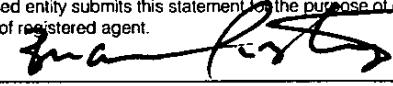
4. FEI Number  
**82-0159759**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent <b>BRIAN PRZYSTUP &amp; ASSOCIATES LLC 1881 WASHINGTON AVE. 12-E M.BEACH, FL 33139</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.

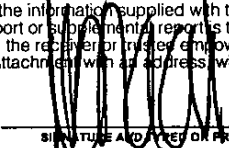
SIGNATURE:  DATE: **1.30.06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D CHACON, LUIS F 10350 WEST BAY HARBOR DR. 7N BAY HARBOR ISLAND, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 all other like empowered.

SIGNATURE:  **PRESIDENT** **1.30.06** **786-346**  
6304

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

60010150

#P05000133130

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