



FROM : SPEEDYPARALEGALSERVICES

FAX NO. : 3058598607

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90190 001 ***150.00

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000135070			
1. Entity Name M. MEJIA, P.A.			
Principal Place of Business 9581 FOUNTAINBLUE BLVD SUITE 305 MIAMI, FL 33172		Mailing Address 2010 SW 23RD ST MIAMI, FL 33145	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEJIA, MARLON B 9581 FOUNTAINBLUE BLVD SUITE 305 MIAMI, FL 33172		Name Street Address (P.O. Box Number is Not Acceptable) 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		DATE	
Signature (typed or printed name of registered agent and State of Florida)		DATE Registered Agent (signature required only, if not stated)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing 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	
TYPE NAME STREET ADDRESS CITY-ST-ZIP	P MEJIA, MARLON B 9581 FOUNTAINBLUE BLVD SUITE 305 MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 and prepared 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 addendum with an address, with or without my employment.			
SIGNATURE:		04/28/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

50019200



04282006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3572291 Applied For Not Applicable

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