


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90261 050 ***158.75

DOCUMENT # P05000144130		
1. Entity Name ARENCIBIA & LANDA, P.A.		

Principal Place of Business 5040 NW 7TH ST. SUITE 490 MIAMI, FL 33126	Mailing Address 5040 NW 7TH ST. SUITE 490 MIAMI, FL 33126
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2. Principal Place of Business 28 WEST FLAGLER ST. Suite, Apt. #, etc. Suite 608 City & State Miami, FL Zip 33130 Country USA	3. Mailing Address 28 WEST FLAGLER ST. Suite, Apt. #, etc. Suite 608 City & State Miami, FL Zip 33130 Country USA
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03212006 Chg-P CR2E034 (11/05)

4. FEI Number 20-3720551	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LANDA, AIDA M 5040 NW 7TH ST. SUITE 490 MIAMI, FL 33126	7. Name and Address of New Registered Agent Name AIDA M. LANDA Street Address (P.O. Box Number is Not Acceptable) 28 WEST FLAGLER ST. SUITE 608 City Miami FL Zip Code 33130
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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: AIDA M. LANDA DATE: 3/21/06

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

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARENCIBIA, DANIA 5040 NW 7TH ST. SUITE 490 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dania Arencibia 28 W. FLAGLER ST., Suite 608 Miami FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDA, AIDA M 5040 NW 7TH ST. SUITE 490 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aida M. LANDA 28 W. FLAGLER ST. Suite 608 Miami FL. 33130 <input checked="" 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	* Change Address only <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
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
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 reports 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: AIDA M. LANDA DATE: 3/21/06 DAYTIME PHONE: 305.358.4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR