

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90022 017 \*\*\*158.75

<b>DOCUMENT # P05000146277</b> 1. Entity Name <b>DE ZAYAS EYE ASSOCIATES P.A.</b>					
Principal Place of Business <b>1312 PEPPER TREE PL ROCKLEDGE, FL 32955 US</b>				Mailing Address <b>1312 PEPPER TREE PL ROCKLEDGE, FL 32955 US</b>	
2. Principal Place of Business <b>1282 South US I</b> Suite, Apt. #, etc. <b>2</b>				3. Mailing Address <b>1282 South US I</b> Suite, Apt. #, etc. <b>2</b>	
City & State <b>Rockledge FL</b>		City & State <b>Rockledge FL</b>		4. FEI Number <b>20-3716278</b>	
Zip <b>32955</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DE ZAYAS, LUIS E 1312 PEPPER TREE PL ROCKLEDGE, FL 32955</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	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D,P DE ZAYAS, LUIS E 1312 PEPPER TREE PL ROCKLEDGE, FL 32955		<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"/> Change <input type="checkbox"/> Addition		
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"/> Change <input type="checkbox"/> Addition		
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"/> 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 an address, with all other like empowered.					
<b>SIGNATURE:</b> <u>Luis E de Zayas</u> <b>7/10/06</b> <b>321 632 0013</b> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50022484**



07062006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable