


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2006 8:00 am
Secretary of State

08-24-2006 90061 045 ***150.00

DOCUMENT # P05000149933 1. Entity Name MARIA CORSSY PA					
Principal Place of Business 18830 SW 25TH COURT MIAMI, FL 33029 US			Mailing Address 18830 SW 25TH COURT MIAMI, FL 33029 US		
2. Principal Place of Business 18830 S.W 25TH COURT		3. Mailing Address (Same)			
Suite, Apt. #, etc. -		Suite, Apt. #, etc. -			
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 20-3752411	
Zip 33029		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORSSY, MARIA 18830 SW 25TH COURT MIAMI, FL 33029				7. Name and Address of New Registered Agent Name MARIA CORSSY Street Address (P.O. Box Number is Not Acceptable) 18830 S.W 25TH COURT City MIAMI FL Zip Code 33029	
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 MARIA N. CORSSY DATE 08.10/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORSSY, MARIA 18830 SW 25TH COURT MIAMI, FL 33029		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	
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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 an address, with all other like empowered.					
SIGNATURE: MARIA N. CORSSY			8/10/2006 (954) 704 4230		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

50024130~

Weston, FL August 10, 2006

Department of State
Division of Corporations
Uniform Business Report
P.O. BOX 1500
Tallahassee, FL 32302-1500

REF. : MARIA CORSSY PA
DOCUMENT # P05000149933

Dear Sir or Madam:

This letter is to inform you that I did not received the 2006 Uniform Business Report for MARIA CORSSY PA on time, document number P05000149933.

I have only now realized that I owe the 2005 fees, and respectfully request that MARIA CORSSY PA, be excused from paying the some penalty.

Many thanks for your attention.

Yours truly,

Maria R. Corssy
MARIA CORSSY
President