
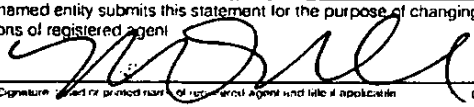
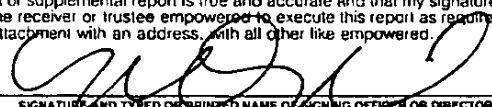


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

03-21-2006 90009 047 ***150.00

DOCUMENT # P05000150625					
1. Entity Name LAW OFFICES OF MICHELLE MOLINA, P.A.					
Principal Place of Business 18081 BISCAYNE BLVD 502 NORTH MIAMI FL 33160 US		Mailing Address 18081 BISCAYNE BLVD 502 NORTH MIAMI FL 33160 US			
2. Principal Place of Business LAW OFFICES OF MICHELLE MOLINA, P.A.		3. Mailing Address 18081 Biscayne Blvd 502			
Suite, Apt. #, etc. SAME as Mailing		Suite, Apt. #, etc. NORTH MIAMI FL			
City & State SAME as Mailing		City & State NORTH MIAMI FL			
Zip 33160	Country USA	4. FEI Number 04-3833267		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent MOLINA, MICHELLE M 18081 BISCAYNE BLVD 502 NORTH MIAMI FL 33160			
7. Name and Address of New Registered Agent		Name Michelle Molina Street Address (P.O. Box Number is Not Acceptable) 18081 Biscayne Blvd 502 City North Miami FL Zip Code 33160			
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 3/4/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLINA, MICHELLE M			NAME	
STREET ADDRESS	18081 BISCAYNE BLVD 502			STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33160			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		3/4/06 (954) 592-5229 Date Daytime Phone #			