

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151733

Entity Name: ROSA M. QUINTELA CPA PA

FILED  
Apr 24, 2006  
Secretary of State

## Current Principal Place of Business:

15307 OTTO ROAD  
TAMPA, FL 336242212

## New Principal Place of Business:

13902 N DALE MABRY HWY  
STE 118  
TAMPA, FL 33618

## Current Mailing Address:

P O BOX 340254  
TAMPA, FL 336940254

## New Mailing Address:

FEI Number: 20-3791559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAVARRIA, ROSA M  
15307 OTTO ROAD  
TAMPA, FL 336242212 US

## Name and Address of New Registered Agent:

QUINTELA, ROSA M  
13902 N DALE MABRY HWY  
STE 118P  
TAMPA, FL 33618 US

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.

SIGNATURE: ROSA M QUINTELA

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P,D ( ) Delete  
Name: CHAVARRIA, ROSA M  
Address: 15307 OTTO ROAD  
City-St-Zip: TAMPA, FL 336242212

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition  
Name: QUINTELA, ROSA M  
Address: 13902 N DALE MABRY HWY STE 118  
City-St-Zip: TAMPA, FL 336242212

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA M QUINTELA

P

04/24/2006

Electronic Signature of Signing Officer or Director

Date