


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90429 010 \*\*\*150.00

DOCUMENT # P05000162622					
1. Entity Name MARIE B. VARGAS, P.A.					
Principal Place of Business 5581 NW 106TH DR CORAL SPRINGS, FL 33076		Mailing Address 5581 NW 106TH DR CORAL SPRINGS, FL 33076			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 41-2192094	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name MARIE B. VARGAS Street Address (P.O. Box Number is Not Acceptable) 5581 NW 106th DR. City CORAL SPRINGS, FL Zip Code 33076		
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 <i>Marie B Vargas</i>			DATE <i>4/19/06</i>		
<p><b>FILE NOW!!! FEE IS \$150.00</b> ✓  <b>After May 1, 2006 Fee will be \$550.00</b></p>			<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</p>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VARGAS, MARIE B 5581 NW 106TH DR CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 <i>Marie B Vargas</i>			DATE <i>4/19/06</i>		Daytime Phone # <i>954-448-8009</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

40060317



04032006 Chg-P CR2E034 (11/05)

Applied For  
Not Applicable

8.75 Additional Fee Required

**FILE NOW!!! FEE IS \$150.00** ✓  
**After May 1, 2006 Fee will be \$550.00**

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SIGNATURE *Marie B Vargas* DATE *4/19/06* Daytime Phone # *954-448-8009*