

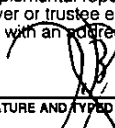


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000163182						FILED 06 JUL 25 PM 3:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Entity Name JOSE L. BALOYRA, P.A.				 05/23/06 90012 033 \$150.00 07182006 Chg-P CR2E034 (11/05)					
Principal Place of Business GROVE PROF. BLDG., 2950 SW 27TH AVE. #300 MIAMI, FL 33133		Mailing Address GROVE PROF. BLDG., 2950 SW 27TH AVE. #300 MIAMI, FL 33133							
2. Principal Place of Business		3. Mailing Address		4. FEI Number 20-3968082 Applied For <input type="checkbox"/> Not Applicable					
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
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				7. Name and Address of New Registered Agent					
BALOYRA, JOSE L ESQ. 4720 SANTA MARIA STREET CORAL GABLES, FL 33146				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	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 _____ DATE _____ <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 \$150.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BALOYRA, JOSE L			NAME					
STREET ADDRESS	GROVE PROF. BLDG., 2950 SW 27TH AVE. #300			STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP					
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BALOYRA, JOSE L			NAME					
STREET ADDRESS	GROVE PROF. BLDG., 2950 SW 27TH AVE. #300			STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP					
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CITY-ST-ZIP	MIAMI, FL 33133			CITY-ST-ZIP					
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BALOYRA, JOSE L			NAME					
STREET ADDRESS	GROVE PROF. BLDG., 2950 SW 27TH AVE. #300			STREET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33133			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 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: 				Jose L. Baloyra		7/20/06 305-358-4800			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>			