## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

158.75

DOCUMENT # P92000002539

1. Enlity Name BRADY & BRADY, P.A.



Principal Place of Business

370 W CAMINO GARDENS BLVD STE 2000

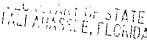
BOCA RATON, FL 33432 US

Mailing Address

370 W CAMINO GARDENS BLVD STE 200C

BOCA RATON, FL 33432 US

FILED 06 MAR 10 AM 9:42





02232006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0361131

Applied For Not Applicable

5. Certificate of Status Desired

×

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BRADY, FRANK R 370 W CAMINO GARDENS BLVD STE 200 C BOCA RATON, FL 33432

changed, or on an attachm

SIGNATURE:

DO NOT WRITE IN THIS SPACE

the obligations of registered agent.  SIGNATURE  Signature: typed or printed name of registered agent and title it affolicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees				
10. TITLE NAME STREET ADDRESS CITY-ST-2IP	OFFICERS AND DIRECT PD BRADY, FRANK R 370 CAMINO GARDENS BLVD BOCA RATON, FL	CTORS	21	00069065212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS BRADY, JEANNE C 370 CAMINO GARDENS BLVD BOCA RATON, FL 33432		03/30/0601062014 **213.75	
NAME SIREET ADDRESS CITY-ST-ZIP				NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	170		i N	THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				
NAME STREET ADDRESS 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				

GNING OFFICER OR DIRECTOR

8. The above named fility 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