2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P92000002708

1. Entity Name
ELIOPE M. PAZ, P.A.

Principal Place of Business	Mailing Address
1111 12TH ST	1111 12TH ST
SUITE 110	SUITE 110
KEY WEST, FL 33040	KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

02202006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0381035	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

PAZ, ELIOPE
1111 12TH STREET
SUITE 110
KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE

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_____
Signature, typed or printed name of registered agent and title if applicable.   (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.   OFFICERS AND DIRECTORS

TITLE	P
NAME	PAZ, ELIOPE
STREET ADDRESS	1111 12TH ST SUITE 110
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000450173
H-119/06-80083-016 150.00

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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: _____Eliope Paz_____ Eliope Paz   2/22/06   305-294-6242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #