

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000007005

Entity Name: VICKY CARVAJAL, P.A.

FILED  
Apr 30, 2006  
Secretary of State

**Current Principal Place of Business:**

375 MIRACLE MILE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2401 DOUGLAS ROAD  
MIAMI, FL 33145

**Current Mailing Address:**

375 MIRACLE MILE  
CORAL GABLES, FL 33134

**New Mailing Address:**

2401 DOUGLAS ROAD  
MIAMI, FL 33145

FEI Number: 65-0385886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEL AMO, CARLOS C ESQUIRE  
3211 PONCE DE LEON BLVD.  
200  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CARVAJAL, VIRGINIA  
Address: 375 MIRACLE MILE  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: CARVAJAL, VIRGINIA  
Address: 2401 DOUGLAS ROAD  
City-St-Zip: MIAMI, FL 33145

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: VIRGINIA CARVAJAL

DP

04/30/2006

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date