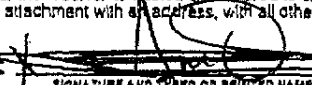


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000023527			
1. Entity Name INES QUINONES, P.A.			
Principal Place of Business 15951 S W 41ST STREET STE 800 WESTON, FL 33331 US		Mailing Address 15951 S W 41ST STREET STE 800 WESTON, FL 33331 US	
DO NOT WRITE IN THIS SPACE			
		 04272008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 85-0400880	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINONES, INES 15951 S W 41ST STREET SUITE 800 WESTON, FL 33331		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, Word or Printed Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) 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		DO NOT WRITE IN THIS SPACE U000000553124 05/15/06-80039-014 150.00	
TITLE	D		
NAME	QUINONES, INES		
STREET ADDRESS	15951 SW 41ST #800		
CITY-ST-ZIP	WESTON, FL 33331		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date 4/27/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	