


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P93000026066 1. Entity Name MARISA TINKLER MENDEZ P.A. |  |
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|---|---|
| Principal Place of Business 901 PONCE DE LEON BLVD SUITE 304 CORAL GABLES, FL 33134 | Mailing Address 901 PONCE DE LEON BLVD SUITE 304 CORAL GABLES, FL 33134 |
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DO NOT WRITE IN THIS SPACE



04122006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0408869 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**MENDEZ, SERGIO L
901 PONCE DE LEON BLVD
SUITE 304
CORAL GABLES, FL 33134**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000527389 05/04/06-80110-020 150.00 |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD MENDEZ, MARISA T 901 PONCE DE LEON BLVD #304 CORAL GABLES, FL 33134 |
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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:  **4-20-06** **(35) 444-3747**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #