

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90243 045 ***150.00

DOCUMENT # P93000027740
 1. Entity Name
 A CHOICE FOR WOMEN, INC.



Principal Place of Business Mailing Address
 6660 SW 117 AVE 6660 SW 117 AVE
 MIAMI, FL 33183 MIAMI, FL 33183

Principal Place of Business 3. Mailing Address
 A Choice For Women Inc SAME

Suite, Apt. #, etc. Suite, Apt. #, etc.
 6660 S.W. 117th AVE

City & State City & State
 Miami, FL

Zip Country Zip Country
 33183 U.S.A

400000

 03082006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0416184 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MAURER, SUSAN
 6660 SW 117 AVE
 MIAMI, FL 33183

7. Name and Address of New Registered Agent
 Name N/A
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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: *Susan Maurer* DATE: *3.10.06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURER, SUSAN 6660 SW 117 AVE MIAMI, FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Susan Maurer* DATE: *3.10.06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #