## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000048312

Entity Name: MCGRANE, NOSICH & GANZ, P.A.

FILED Jan 03, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2801 PONCE DE LEON BLVD 75 VALENCIA AVENUE

12TH FLOOR **SUITE 1100** 

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

**Current Mailing Address:** New Mailing Address:

2801 PONCE DE LEON BLVD 75 VALENCIA AVENUE 12TH FLOOR SUITE 1100

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

FEI Number: 65-0424175 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MCGRANE, MILES A III MCGRANE, MILES A III 75 VALENCIA AVENUE 2801 PONCE DE LEON BLVD 12TH FLOOR SUITE 1100

CORAL GABLES, FL 33134 US CORAL GABLES, FL 33134 US

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: 01/03/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

(X) Change ( ) Addition Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/S ( ) Delete MCGRANE, MILES A III MCGRANE, MILES A III Name: Name: 3073 VIRGINIA STREET 100 ANDALUSIA, #701 Address: Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: CORAL GABLES, FL 33134

( ) Delete Title: VP/T Title: () Change () Addition

Name: NOSICH, JAMES J Name: 4501 SAN AMARO Address: Address: City-St-Zip: CORAL GABLES, FL 33146 City-St-Zip:

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: MILES A. MCGRANE, III **PRES** 01/03/2006