2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90399 016 ***150.00

DOCUMENT # P93000063405

1. Entity Name
JULIO LAPON II, P.A.

Principal Place of Business	Mailing Address
7660 N.W. 186TH ST. SUITE A MIAMI, FL 33015	7660 N.W. 186TH ST. SUITE A MIAMI, FL 33015

04042006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
302 N.W. LEE BLVD		302 N.W. LEE BLVD.	
Suite, Apt. #, etc.: #105		Suite, Apt. #, etc.: # 105	
City & State: LEHIGH ACRES, FL		City & State: LEHIGH ACRES, FL	
Zip: 33936	Country: USA	Zip: 33936	Country: USA

4. FEI Number: 65-0435265 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAPON, JULIO II
7610 N.W. 186TH ST.
MIAMI, FL 33015

7. Name and Address of New Registered Agent

Name: LAPON, JULIO II
Street Address (P.O. Box Number is Not Acceptable): 302 N.W. LEE BLVD - SUITE #105
City: LEHIGH ACRES FL Zip Code: 33936

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LAPON, JULIO II 7610 N.W. 186TH ST. MIAMI, FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LAPON, JULIO II 302 N.W. LEE BLVD #105 LEHIGH ACRES, FL 33936	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 20031761
#P93000063405

BERNARD KOPET, P.A.
Accountant

20170 Pines Blvd. Suite 302
Pembroke Pines, FL 33029

Broward: (954) 441-0403
Fax: (954) 392-1384

PLEASE FOLLOW THE INSTRUCTIONS BELOW AS CHECKED

(Please retain this instruction sheet with attached return for your files)

APRIL 5, 2006

CLIENT NAME JULIO LAPON II *FORM NUMBER* 2006 FLA CORP ANN REPORT

MAIL BEFORE MAY 1, 2006 *PERIOD/YEAR ENDED* DECEMBER 31, 2005

SIGN:

- ☒ PLEASE SIGN AT (X)
- ☐ Have your spouse sign at (xx)
- ☐ One officer of Corporation sign at (x)
- ☐ One partner sign at (x)
- ☐ Indicate Title at (XX) and date
- ☐ _____

PAYMENT AMOUNT:

- ☐ No Remittance Necessary
- ☒ Write check in the amount of $ 150.00

MAKE CHECK PAYABLE TO:

- ☐ Internal Revenue Service
- ☐ Florida Department of Revenue
- ☐ Your Bank/Give to them w/deposit form
- ☐ Florida Unemployment Compensation Fund
- ☒ FLORIDA DEPARTMENT OF STATE

MAIL TO: ENCLOSED ENVELOPE

- ☐ Internal Revenue Service, Atlanta, GA 39901-0005
- ☐ Dade County Property Appraiser, 111 NW 1st Street, Suite 710, Miami, FL 33128-1904
- ☐ Division of Corporations, Annual Reports, Caller Service No. 1500, Tallahassee, FL 32302-1500
- ☐ Social Security Administration, Data Operations Center, Wilkes-Barre, PA 18769
- ☐ William Markham, CFA, Broward County Property Appraiser, 115 South Andrews Ave., Room 111, Ft. Lauderdale, FL 33301
- ☐ Florida Dept. of Revenue, 5050 West Tennessee Street, Tallahassee, FL 32399-0145
- ☐ Dept. of Labor & Employment Security, Div. of Unemployment Compensation, Bureau of Tax, Tallahassee, FL 32399-0212
- Other Instructions: _____
- ☐ Internal Revenue Service, Memphis, TN 37501