2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2006 8:00 am
Secretary of State
01-11-2006 90011 009 ***150.00

DOCUMENT# P94000006356

1. EntityName
MICHAELA.USAN,P.A.

PrincipalPlaceofBusiness
1132 SOUTHEAST 3RD AVENUE
FORT LAUDERDALE, FL 33316 US

MailingAddress
P.O. BOX 14305
FT. LAUDERDALE, FL 33301 US

01052006 Chg-P CR2E034(11/05)

2. PrincipalPlaceofBusiness
Suite,Apt.#,etc.
City&State
Zip Country

3. MailingAddress
Suite,Apt.#,etc.
City&State
Zip 33302 Country

4. FEINumber 65-0460219 AppliedFor NotApplicable

5. CertificateofStatusDesired ☐ $8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent
USAN,MICHAELA
1132SOUTHEAST3RDAVENUE
FORTLAUDERDALE,FL33316

7. NameandAddressofNewRegisteredAgent
Name
StreetAddress (P.O.BoxNumberisNotAcceptable)
City FL ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	PTSD	☐ Delete
NAME	USAN,MICHAELA	
STREETADDRESS	2591NW87DR.	
CITY-ST-ZIP	CORALSPRINGS,FL33065	
TITLE	C	☐ Delete
NAME	USAN,MICHAELA	
STREETADDRESS	2591NW87DR.	
CITY-ST-ZIP	CORALSPRINGS,FL33065	
TITLE		☐ Delete
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREETADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11

TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
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STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREETADDRESS		
CITY-ST-ZIP		

12. Iherebycertifythattheinformationsuppliedwithth is filing does not qualify for the exemptions contained in Chapter 119, Florida Statut es. I further certify that the information indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectas ifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: _____ 1/5/6 954467 4055
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#