

**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 MailingAddress  
 1132 SOUTHEAST 3RD AVENUE P.O. BOX 14305  
 FORT LAUDERDALE, FL 33316 US FT. LAUDERDALE, FL 33301 US

2. PrincipalPlaceofBusiness 3. MailingAddress  
 Suite,Apt.#,etc. Suite,Apt.#,etc.

City&State City&State

Zip Country Zip **33302** Country



01052006 Chg-P CR2E034(11/05)

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. Theabove-namedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,inthestateofFlorida.Iamfamiliarwith,andaccepttheobligationsofregisteredagent.

SIGNATURE \_\_\_\_\_ (NOTE:RegisteredAgentsignatureisrequiredwhenreinstating) 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 NAME STREETADDRESS CITY-ST-ZIP	PTSD USAN,MICHAELA 2591NW87DR. CORALSPRINGS,FL33065 <input type="checkbox"/> Delete
TITLE NAME STREETADDRESS CITY-ST-ZIP	C USAN,MICHAELA 2591NW87DR. CORALSPRINGS,FL33065 <input type="checkbox"/> Delete
TITLE NAME STREETADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREETADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREETADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREETADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREETADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE: Michael A. Usan  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/06 9544674055  
 Date Daytime Phone#