


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000061608</b> 1. Entity Name <b>CERVAS &amp; ASSOCIATES, INC.</b>	
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Principal Place of Business <b>845 NE 125TH STREET (REAR SUITE) NORTH MIAMI, FL 33161</b>	Mailing Address <b>845 NE 125TH STREET (REAR SUITE) NORTH MIAMI, FL 33161</b>
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04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3290166</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**VASQUEZ, CARLOS A.  
845 NE 125TH STREET (REAR SUITE)  
NORTH MIAMI, FL 33161**

**DO NOT WRITE IN THIS SPACE**

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

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

**9. Election Campaign Financing**  **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VASQUEZ, CARLOS A 845 NE 125TH STREET (REAR SUITE) NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CERCAS, ERNESTO 845 NE 125TH STREET (REAR SUITE) NORTH MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VASQUEZ, PAULA 845 NE 125TH STREET (REAR SUITE) NORTH MIAMI, FL 33161
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05/02/06-80066-025 150.00

**DO NOT WRITE IN THIS SPACE**

**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:**  **4/17/06** **305-598-8471**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #