


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED


05 MAY -1 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P95000019396</b> 1. Entity Name ALAYON & ASSOCIATES, P.A.	
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Principal Place of Business 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 US	Mailing Address 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03142006	Chg-P	CR2E034 (11/05)
4. FEI Number 65-0560962	<input type="checkbox"/> Applied For	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  A & A REGISTERED AGENT, INC 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALAYON, RICHARD A ESQ. 4551 PONCE DE LEON BLVD. CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	Vice President Jorge E. ISOLAC, Esq. 4551 Ponce de Leon Blvd. Coral Gables, FL 33146
		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<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 empowered.

SIGNATURE: *Richard A. Alayon* 4-19-06 221-2110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #