

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000049227

1. Entity Name
VICTOR E. ROCHA, P.A.



Principal Place of Business
2921 SW 27TH AVE
COCONUT GROVE, FL 33133 US

Mailing Address
2921 SW 27TH AVE
COCONUT GROVE, FL 33133 US



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0608131** Applied for
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

8. Name and Address of Current Registered Agent

ROCHA, VICTOR E
2921 SW 27TH AVENUE
COCONUT GROVE, FL 33133

**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 _____

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

1100000429642
 02/22/06-80017-010 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROCHA, VICTOR 2921 SW 27TH AVE COCONUT GROVE, FL 33133
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**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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/06 (305) 774-9111
 Date Daytime Phone #