

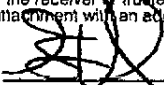


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000066186		
1. Entity Name GOLDMAN, NACCARATO, PATTERSON, VELA & ASSOCIATES, INC.		
Principal Place of Business 1570 NW 14 STREET MIAMI, FL 33125 US	Mailing Address 1570 NW 14 STREET MIAMI, FL 33125 US	
DO NOT WRITE IN THIS SPACE		 02022006 No Chg-P CR2E034 (11/05)
		4. FEI Number 65-0603804 Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent NACCARATO, ROSA 1570 NW 14 STREET MIAMI, FL 33125		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 _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 1100000421710 12/16/06-80048-005 163.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NACCARATO, ROSA 1570 NW 14 ST MIAMI, FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDMAN, SANDRA 1570 NW 14 ST MIAMI, FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUSTAVO, VELA 1570 NW 14 ST MIAMI, FL 33135	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VELA, GUSTAVO 1570 NW 14 ST MIAMI, FL 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  GUSTAVO VELA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2/2/06 305 545 8434 Date Daytime Phone #