


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90029 048 \*\*\*150.00

<b>DOCUMENT # P95000076015</b>																																																																																			
<b>1. Entity Name</b> PATRICIA BRONKHORST, P.A.																																																																																			
<b>Principal Place of Business</b> 14225 SW 222 STREET MIAMI, FL 33170			<b>Mailing Address</b> 14225 SW 222 STREET MIAMI, FL 33170																																																																																
<b>2. Principal Place of Business</b> 7700 N. KENDALL DR Suite, Apt. #, etc. 505 City & State MIAMI FL Zip 33156 Country USA		<b>3. Mailing Address</b> 3756 FREELS ROAD Suite, Apt. #, etc. City & State FRIENDSVILLE, TN Zip 37737 Country USA																																																																																	
<b>6. Name and Address of Current Registered Agent</b> BRONKHORST, PATRICIA 14225 SW 222 STREET MIAMI, FL 33170				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 7700 N. KENDALL DRIVE #505 City MIAMI FL Zip Code 33156																																																																															
<b>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.</b> SIGNATURE <u>Patricia Bronkhorst</u> (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>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">DP BRONKHORST, PATRICIA 14225 SW 222 STREET MIAMI, FL 33170</td> <td style="width: 30%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">7700 N. KENDALL DR #505 MIAMI FL 33156</td> <td style="width: 30%; padding: 2px;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">BRONKHORST, E. 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<b>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.</b>																																																																																			
<b>SIGNATURE:</b> <u>Patricia Bronkhorst</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				2/14/06 Date Daytime Phone #																																																																															