


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90029 013 \*\*\*150.00

<b>DOCUMENT # P96000000670</b> 1. Entity Name <b>DAMERA &amp; DREIZE, P.A.</b>			
Principal Place of Business <b>2701 SW LE JEUNE ROAD SUITE 406 CORAL GABLES FL 33134</b>		Mailing Address <b>2701 SW LE JEUNE ROAD SUITE 406 CORAL GABLES FL 33134</b>	
2. Principal Place of Business <b>901 Ponce de Leon Boulevard</b> Suite, Apt. #, etc. <b>Suite 506</b> City & State <b>Coral Gables, Florida</b> Zip <b>33134</b>		3. Mailing Address <b>901 Ponce de Leon Boulevard</b> Suite, Apt. #, etc. <b>Suite 506</b> City & State <b>Coral Gables, Florida</b> Zip <b>33134</b>	
4. FEI Number <b>65-0633277</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DREIZE, LIVIA R 2701 SW LE JEUNE ROAD, SUITE 406 CORAL GABLES FL 33134</b>		7. Name and Address of New Registered Agent Name <b>Livia R. Dreize</b> Street Address (P.O. Box Number is Not Acceptable) <b>901 Ponce de Leon Boulevard</b> <b>Suite 506</b> City <b>Coral Gables,</b> <b>FL</b> Zip Code <b>33134</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. SIGNATURE <u>Livia R. Dreize</u> <b>LIVIA R. DREIZE, PRESIDENT</b> <span style="float: right;">02/15/06</span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DREIZE, LIVIA R 2701 SW LE JEUNE ROAD, SUITE 406 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DREIZE, LIVIA R. 901 Ponce de Leon Boulevard Suite 506 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DAMERA, MYRA P 2701 SW LE JEUNE ROAD, SUITE 406 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DAMERA, MYRA PEREZ 901 Ponce de Leon Boulevard Suite 506 Coral Gables, FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 Section 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: <u>Livia R. Dreize</u> <b>LIVIA R. DREIZE, PRESIDENT</b> <span style="float: right;">02/15/06 (305) 446-6760</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			