

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006 8:00 am
Secretary of State

01-05-2006 90001 001 ***150.00

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01032006 Chg-P CR2E034 (11/05)

DOCUMENT # P96000054522 1. Entity Name MICHAEL ANTHONY REMY, P.A.					
Principal Place of Business 2121 PONCE DE LEON BLVD STE 550 CORAL GABLES, FL 33134			Mailing Address 2121 PONCE DE LEON BLVD STE 550 CORAL GABLES, FL 33134		
2. Principal Place of Business <i>2121 Ponce De Leon Blvd</i> Suite, Apt. #, etc. <i>Suite 550</i> City & State <i>Coral Gables FL</i> Zip <i>33134</i>		3. Mailing Address <i>2121 Ponce De Leon Blvd</i> Suite, Apt. #, etc. <i>Suite 550</i> City & State <i>Coral Gables FL</i> Zip <i>33134</i>		4. FEI Number 65-0677309	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REMY, MICHAEL A ESQ. 2121 PONCE DE LEON BLVD STE 550 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REMY, MICHAEL A ESQ. 2121 PONCE DE LEON BLVD., #550 CORAL GABLES, FL 33134		<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"/> Change <input type="checkbox"/> Addition		
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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"/> 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 <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>1-3-06</i> Daytime Phone # <i>(305) 448-4441</i>		

ATTACHMENT

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Please correct
spelling on street
name. This is
our 4th year
requesting this
correction.

Thank you
MAR
