## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED **ANNUAL REPORT** Jan 12, 2006 08:00 AM DOCUMENT # P96000080173 **Secretary of State** 1. Entity Name BADIA & ASSOCIATES, INC. Principal Place of Business Mailing Address 600 BILTMORE WAY 600 BILTMORE WAY #414 #414 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01062006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent BADIA, ARNHILDA DO NOT WRITE 600 BILTMORE WAY #414 CORAL GABLES, FL 33134 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees Un0000383578 <del>'13/88-88887-885-158.11</del> 10. OFFICERS AND DIRECTORS TITLE BADIA, ARNHILDA NAME STREET ADDRESS 600 BILTMORE WAY #414 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP ISSLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

LAND BALL TRESIDENT

1/07/2006

305-527-2343