

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90418 042 \*\*\*150.00

**DOCUMENT # P97000013842**

1. Entity Name  
**MANAGEMENT SPECIALTY, INC.**



Principal Place of Business  
**8625 N.W. 8TH STREET #413  
MIAMI, FL 33126**

Mailing Address  
**8625 N.W. 8TH STREET #413  
MIAMI, FL 33126**

**50013133**



2. Principal Place of Business  
**8625 NW 8th ST #407**

3. Mailing Address  
**8625 NW 8th ST**

Suite, Apt. #, etc.  
**MIAMI FL 33126**

Suite, Apt. #, etc.  
**#407**

04132006 Chg-P CR2E034 (11/05)

City & State

City & State  
**MIAMI, FL**

4. FEI Number  
**65-0733729**

Applied For  
Not Applicable

Zip

Country

Zip  
**33126**

Country  
**DADE**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**GRACIANO, NORMA  
8625 N.W. 8TH STREET #413  
MIAMI, FL 33126**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐ **\$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  
**D  
GRACIANO, NORMA  
8625 N.W. 8TH STREET #413  
MIAMI, FL 33126** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: **Norma Graciano**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 14, 2006**  
Date

Daytime Phone #