2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033135

Entity Name: ALBERTO J. XIQUES, P.A.

FILED Mar 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

101 MADEIRA AVENUE PO BOX 0487 CORAL GABLES, FL 33134 PO BOX 0487 MIAMI, FL 33245

Current Mailing Address: New Mailing Address:

101 MADEIRA AVENUE PO BOX 0487 CORAL GABLES, FL 33134 PO BOX 0487 MIAMI, FL 33245

FEI Number: 65-0745799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

XIQUES, ALBERTO J ESQ
101 MADEIRA AVENUE
CORAL GABLES, FL 33134 US

XIQUES, ALBERTO J ESQ
784 NAVARRE AVENUE
CORAL GABLES, FL 33134 US

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.

SIGNATURE: 03/24/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition

 Name:
 XIQUES, ALBERT J
 Name:
 XIQUES, ALBERT J

 Address:
 101 MADEIRA AVENUE
 Address:
 PO BOX 0487

 City-St-Zip:
 CORAL GABLES, FL 33134
 City-St-Zip:
 MIAMI, FL 33245

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT J. XIQUES PRES 03/24/2006