

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000035294

Entity Name: ALBA CARVAJAL, P.A.

FILED
Apr 15, 2006
Secretary of State

Current Principal Place of Business:

1563 GLENHAVEN
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1563 GLENHAVEN
OCOE, FL 34761

New Mailing Address:

FEI Number: 59-3442371

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJAS, ALBA
1563 GLENHAVEN CIRCLE
OCOE, FL 34761 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROJAS, ALBA
Address: 1563 GLENHAVEN CIRCLE
City-St-Zip: OCOE, FL 34761

Title: VD () Delete
Name: ROJAS, FRANCIS
Address: 1563 GLENHAVEN CIRCLE
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALBA C. ROJAS

MS.

04/15/2006

Electronic Signature of Signing Officer or Director

Date