


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000050017</b> 1. Entity Name CAROL L. GRANT, P.A.	
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Principal Place of Business 1031 IVES DAIRY ROAD SUITE 128 MIAMI, FL 33179 US	Mailing Address 1031 IVES DAIRY ROAD SUITE 128 MIAMI, FL 33179 US
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**DO NOT WRITE IN THIS SPACE**



05022006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0758787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, DELROY  
1951 N.W. 141 ST. BAY 48  
OPA-LACKA, FL 33054

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRANT, CAROL L 630 N.W. 187 STREET MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U000000563393  
05/20/06-80007-025 150.00

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IN THIS SPACE**

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 an other like empowered

**SIGNATURE:** Carol L. Grant **5-1-06 305-6524048**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #