2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

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DOCUMENT # P97000058951 1. Entity Name JORGE L. SUAREZ, P.A.					04-28-2006 90189 003 ***150.00					
Principal Place of Business Mailing Address							KART	7194		
		•		50017124						
2100 CORAL WAY, #400 MIAMI, FL 33142		2100 CORAL WAY, #400 MIAMI, FL 33142								
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2. Principal Place of Business 3. 3.735 S.W 8 Street 3.		3. Mailing Address 3735 S.W 8 Street			1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0.4050000	O. D.	000500	4 (44105)			
101		101		04252006	Chg-P	CR2E03	4 (11/05)			
City & State		Com State Soldes, F/		4. FEI Numbe				plied For		
Coral Gables F/				65-0769	9231			t Applicable		
33134	DAde	33/3 Y	Dade		5. Certificate	of Status Desired		8.75 Add		
6. Name and Address of Current Registered Agent			7,4000		7. Name and Address of New Registered Agent					
Name										
SUAREZ, JORGE L 2100 CORAL WAY, #400				Street Address (P.O. Box Number is Not Acceptable)						
2100 CORAL WAY, #400 MIAMI, FL 33142 🛫 🐃			000.7.	Siredi Addidas (1.0. Box Hambor 18 Not Addaptadid)						
Trust 1			City				FL	Zip Cod	9	
The shove named entity submits this statement for the nurroes of changing its registered affice or registered.						in the State of E		milia e codela		
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 59 Signature, typed or polytisid name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	FEE IS \$150.00 6 Fee will be \$550.00	9. Election Campaign Trust Fund Contrib		\$5. Addi	00 May Be ed to Fees					
4.1			15517161161							
			11. TITLE		ADDITIONS/	CHANGES TO OF		Change		
1	JORGE L	LI Delete	NAME			a 1 j		Change	Addition	
				ME 3735 SW8 street #101 V-S1-ZIP COral Gables, K1 33134						
CITY-ST-ZIP MIAMI, FL	_ 33142		CITY-ST-ZIP	Con	al Bable	1, Kl 33	3134			
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Delete	TITLE					Channe	□ Addition	
NAME		LLJ UEIEIG	NAME					☐ Change	Addition	
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CITY-ST-ZIP			· CITY-\$T-ZIP							
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TITLE									□ Addisia -	
NAME		Detete	THILE		•			☐ 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

LAJURE AND TYPED ON PRINTED NAME OF SUNING OFFICER OR DIRECTOR

Delete

4/25/06 305-445-2944 Pate Daytine Phone #

☐ Change ☐ Addition