2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Apr 06, 2006 08:00 AM Secretary of State DOCUMENT # P97000061678 1. Entity Name LAW OFFICE OF BRYANT FILOMENO, P.A. Principal Place of Business Mailing Address 16211 NE 12TH COURT MIAMI FL 33162 16211 NE 12TH COURT MIAMI FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 65-0765025 Not Applicat Country Zio Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FILOMENO, BRYANT 16211 NE 12TH COURT Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33162** Zip Code City 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. 1 am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and type it applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Additi TITLE Delete TITLE U00000494232 '20/06-80036-014 150.00 FILOMENO, BRYANT NAME NAME STREET ADDRESS STREET ADDRESS 16211 NE COURT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33162 TITLE Defeto TITLE ☐ Change ☐ Add NAME NAME STREET ADDRESS STREET ANDRESS CITY - ST - ZIP CITY-ST-ZIF ☐ Change □ /**** uur Delete 43168 NAME NAME STREET ADDRESS STRULT AUBRESS CRY-ST-ZIP CITY-ST-ZIF Change SIT) F ☐ Defete }|1>F T Add 1 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Additi TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS Cary-St-ZIP CITY-SI-ZIP Change □ A4. ☐ Delete TITLE THE NAME NAME STREET AUDRESS STREET ADDRESS CATY-ST-ZAP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directed 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 1 if changed, or on an attachment with an address, with all other like empowered.

FILED

305-444-5565