


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000079971</b>	
<b>1. Entity Name</b> FLORIDA PROPERTY TAX CONSULTANTS, INC.	

<b>Principal Place of Business</b> 5835 BLUE LAGOON DRIVE #200 MIAMI, FL 33126 US	<b>Mailing Address</b> 5835 BLUE LAGOON DRIVE #200 MIAMI, FL 33126 US
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**DO NOT WRITE IN THIS SPACE**



02102006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 65-0784924	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

FIGUERAS, JUAN C  
12901 SW 69 AVE.  
MIAMI, FL 33156

**DO NOT WRITE 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** \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST</b> FIGUERAS, JUAN C 12901 SW 69 AVE. MIAMI, FL 33156
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> FIGUERAS, KRISTIN 12901 SW 69 AVE. MIAMI, FL 33156
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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02/23/06-80036-008 150.00

**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.**

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/06 305-262-9403  
Date Daytime Phone #