

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000095053 1. Entity Name PEREZ-ABREU & MARTIN-LAVIELLE, P.A.	
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Principal Place of Business 901 PONCE DE LEON BLVD SUITE 502 CORAL GABLES, FL 33134	Mailing Address 901 PONCE DE LEON BLVD SUITE 502 CORAL GABLES, FL 33134
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01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0802476	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEREZ-ABREU, JAVIER 901 PONCE DE LEON BLVD SUITE 502 CORAL GABLES, FL 33134

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

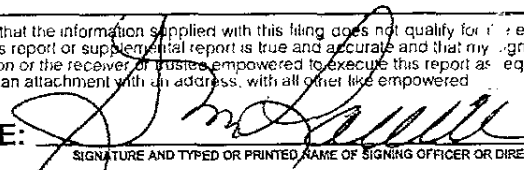
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PEREZ-ABREU, JAVIER 901 PONCE DE LEON BLVD, STE 502 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MARTIN-LAVIELLE, ANA 901 PONCE DE LEON BLVD, STE 502 CORAL GABLES, FL 33134
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U000000530681 05/06/06-80007-020 150.00
DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for 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	4-20-06 (305) 443-8794 Date Daytime Phone #
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