## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Sep 14, 2006 8:00 am

Daytime Phone #

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DOCUMENT # P97000096175				1	5 90002 021 ***550.00
1. Entity Name				05112000	330.00
ROBERT	N. PELIER, P.A.				
			-	_	
Principal Plac		Mailing Address			
	E DE LEON BLVD	1431 PONCE DE LEON BLVD			
CURAL GABL	ES, FL 33134	CORAL GABLES, FL 33134			
				]	TIL BEILD 19110 BILDI IIRII ERAAA AEILAAA EE ABEL
2. Principal P	lecopt Bueiness CCLICO	3. Mailing Address	di di Lan		
I HODEITH IN LEGET   HODEITH IN FEUER   HOME					ole mating antimentable comment deplayed at (AD)
atterneu and Counselor at Utiliameu and Counselor of Laure 52006 Charles CR2E034 (11/05)					
A49 Ponce de Leon Roule M649 Ponce de Leon Poule Poule de Leon Poule de Leon Poule de Leon Poule de Leon Poule P					
City a State	Cute 20F	City a sharp Co Co	OLI DODIRA		Applied For
Zin	Suite 305	Suite 30	<u>, , , , , , , , , , , , , , , , , , , </u>	65-0797735	Not Applicable
Coro	Gables, FU 33146	Coral Gobles,	1 3314A	5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current R		<del>                                    </del>	7. Name and Address of New I	
					Toglotal of Agent
PELIER, R		. ~		·	-
	CE DE LEON BLVD		Street Address	(P.O. Box Number is Not Acceptab	le)
CORAL GABLES, FL 33134					
ı					
			City		FL Zip Code
8. The above	named entity submits this statement for	the purpose of changing its registe	red office or registe	ered agent, or both, in the State of F	orida. Lam familiar with and accept
the obligations of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: Register	red Agent signature require	d when reinstating)	DATE
FII	LE NOW!!! FEE IS \$550.00	9. Election Campaign Fina		.00 May Be	
D	ue by September 6, 2006	Trust Fund Contribution	ı. 🗆 Adı	ded to Fees	
10.	OFFICERS AND C	DIRECTORS 11		ADDITIONS/CHANGES TO OF	ICERS AND DIRECTORS IN 11
TITLE	STPV	☐ Delete 111		PV	☐ Change ☐ Addition
NAME	PELIER, ROBERT N			ELIER, ROBERT N	Change - Addition
STREET ADDRESS	1431 PONCE DE LEON BLVD	STE	REET ADDRESS 46	49 PONCE DE LE	ON BLVD, STE.305
CITY-ST-ZIP	CORAL GABLES, FL 33134	сп		RAL GABLES, FL	
TITLE	:	☐ Delete TIT			☐ Change ☐ Addition
NAME		NA	ME		
STREET ADDRESS		STE	REET ADDRESS		
CITY-ST-ZIP	·	CIT	Y-ST-ZIP		
TITLE		☐ Delete TIT	LE	-	☐ Change ☐ Addition
NAME		NA	ME		
STREET ADDRESS			REET ADDRESS		
CITY-ST-ZIP		СП	Y-\$T-ZIP		
TITLE		Delete TIT			☐ Change ☐ Addition
NAME		NAI			
STREET ADDRESS CITY-ST-ZIP			REET ADDRESS Y-ST-ZIP		
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TITLE NAME		☐ Delete TIT	<b>I</b>		☐ Change ☐ Addition
STREET ADDRESS		NAI ete	me Reet address		i
CITY-ST-ZIP			Y-ST-ZIP		
TITLE		☐ Delete TIT			Cherry C Address
NAME		LJ Delete IIII			☐ Change ☐ Addition
STREET ADDRESS			REET ADDRESS		
CITY-ST-ZIP			Y-ST-ZIP		
12. I hereby o	certify that the information supplied with t	his filing does not qualify for the ex	emotions containe	d in Chanter 119 Florida Statutes	further certify that the information
12. I hereby certify that the information supplies 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 supplies each 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 of 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:    Bobent N. Patien   9/12/06 305.524-9199    SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Dayling Phone #					
	SUBNATURE AND TYPED OR PR	INTEU NAME OF SIGNING OFFICER OR DIREC	CTOR	Date	Daytime Phone #