

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90383 049 ***150.00

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04272006 Chg-P CR2E034 (11/05)

DOCUMENT # P98000003841 1. Entity Name LAW OFFICES OF ANDREW N. CASSAS, P.A.					
Principal Place of Business 1499 W. PALMETTO RD. 208 BOCA RATON, FL 33486			Mailing Address 1499 W. PALMETTO RD. 208 BOCA RATON, FL 33486		
2. Principal Place of Business 1515 N. Federal Hwy. Suite, Apt. #, etc. 300		3. Mailing Address 1515 N. Federal Hwy. Suite, Apt. #, etc. 300			
City & State Boca Raton, FL		City & State Boca Raton, FL			
Zip 33432		Country U.S.		Zip 33432	
Country U.S.		4. FEI Number 52-2075989			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent CASSAS, ANDREW N 1499 W. PALMETTO PARK RD. SUITE 208 BOCA RATON, FL 33486			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1515 N. Federal Hwy. Suite 300 Boca Raton, FL 33432		
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 reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CASSAS, ANDREW N 1499 E. PALMETTO RD. SUITE 208 BOCA RATON, FL 33486		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1515 N. Federal Hwy. Suite 300 Boca Raton, FL 33432	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/27/06 561/982-9933 Date Daytime Phone #		

ATTACHMENT

LAW OFFICE OF ANDREW N. CASSAS, P.A.

A Florida Professional Association
1515 N. Federal Hwy.
Suite 300
Boca Raton, FL 33432

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Web: www.southflorida
personal injury lawyer.com

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#P98000003841

April 27, 2006

Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

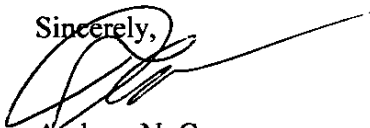
RE: 2006 Annual Report
Law Offices of Andrew N. Cassas, P.A.

Dear Sir/Madam:

I have enclosed the original 2006 Annual Report with changes relative to the above, along with a check in the amount of One Hundred fifty Dollars and 00 Cents (\$150.00) to cover the filing fees. If you have any questions concerning the above, please contact me at the above number.

Thank you for your courtesy in this matter.

Sincerely,



Andrew N. Cassas
ANC:mfa
Enclosures