

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000019015

Entity Name
NICOLE J. HUESMANN, P.A.



Principal Place of Business

150 ALHAMBRA CIRCLE
SUITE 1150
MIAMI, FL 33134 US

Mailing Address

150 ALHAMBRA CIRCLE
SUITE 1150
MIAMI, FL 33134 US

FILED
Jan 23, 2006 08:00 AM
Secretary of State



01112006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0814391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUESMAN, NICOLE J
150 ALHAMBRA CIRCLE
MIAMI, FL 33134

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IN THIS SPACE**

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

OFFICERS AND DIRECTORS

NAME	D
NAME	HUESMANN, NICOLE J
HOME ADDRESS	150 ALHAMBRA CIRCLE, SUITE 1150
HOME ST-CP	CORAL GABLES, FL 33134
NAME	
HOME ADDRESS	
HOME ST-CP	
NAME	
HOME ADDRESS	
HOME ST-CP	
NAME	
HOME ADDRESS	
HOME ST-CP	
NAME	
HOME ADDRESS	
HOME ST-CP	
NAME	
HOME ADDRESS	
HOME ST-CP	

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01/30/06-80035-001 150.110

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1/19/2006 305 858 0220