2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000026954

LAW OFFICES OF REBECA C. ALMEIDA, P.A.



FILED -Apr 19, 2006 08:00 AM -Secretary of State

Principal Place of Business

Mailing Address

7600 W 20TH AVENUE SUITE 222 HIALEAH, FL 33016

7600 W 20TH AVENUE SUITE 222 HIALEAH, FL 33016



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

lot Applicable
aplied For

\$8.75 Additional Fee Required 5. Certificate of Status Desired

ALMEIDA, REBECA C ESQ

DO NOT WRITE

No Chg-P

04162006

7600 W 20TH AVENUE SUITE 222 HIALEAH, FL 33016			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the pilions of registered agent.	urpose of changing its registered of	fice or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title li	applicable (NOTE: Registered Age	nt signature	required when reinstating)	CATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.) _□	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			- U00000529313
TITLE NAME STREET AUDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	D ALMEIDA, REBECA C 7600 W 20TH AVENUE SUITE 222 HIALEAH, FL 33018	-			05/02/06-80083-023 150.00 —
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP					
12. I hereby	certify that the information supplied with this fi	iling does not qualify for the exemp	tions co	ntained in Chapter 119	, Florida Statutes. I further certify that the information it as if made under eath: that I am an officer or director

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under cath; that I am an officer or different comporation 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 attachapent with an address, with all other like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR