2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Derec

SIGNATURE:

Mar 08, 2006 08:00 AM DOCUMENT*# P98000055481 **Secretary of State** 1. Entity Name ROSA ISABEL BARGE, P.A. Mailing Address Principal Place of Susiness 9821 PALMA VISTA WAY BOCA RATON FL 33428 9821 PALMA VISTA WAY BOCA RATON FL 33428 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State Applied For City & State 4. FEI Number 59-3519432 Not Applicable \$8.75 Additional Ziρ Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARGE, ROSA I Street Address (P.O. Box Number is Not Acceptable) 9821 PÁLMA VISTA WAY **BOCA RATON FL 33428** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May E. 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 tO. OFFICERS AND DIRECTORS 11. ☐ Change Addition ☐ Delcte THE BILE PSTO NAME 100001460632 BARGE, ROSA I NAME 03/20/06-80018-006 150.00 STREET ADDRESS 7821 PALMA VISTA WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33428 Addin ☐ Change TITLE Delete TRUE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-SI-ZIP ☐ Detete TOTLE Change Addin. THEF NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-7/P CITY-ST-ZIP ☐ Change □ ***** TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change The same ☐ Delete TITLE TITLE MAME STREET ADDRESS STREET ACCRESS CITY-ST-71P CHTY-ST-ZIP ☐ Delete TITLE ☐ Change And An THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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 1 if changed, or on an attackment with an address, with all other like empowered.

FILED

3-4-06

561-302-9621