2006 FOR PROFIT CORPORATION ANNUAL REPORT

🍶 ANNUAL REPORT May 01, 2006 08:00 AN Secretary of State DOCUMENT # P98000092593 1. Entity Name ALFRED W. CHOI, P.A. Mailing Address Principal Place of Business 14961 SOVEREIGN DRIVE 9303 SEMINOLE BLVD. #D LARGO, FL 33774 SEMINOLE, FL 33772 04172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0870734 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHOI, ALFRED W DO NOT WRITE 14961 SOVEREIGE DR. LARGO, FL 33774 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE CHOL ALFRED W MAME STREET ADDRESS 14961 SOVEREIGN DRIVE U000000552406 CITY-ST-ZIP LARGO, FL 33774 05/15/06-80010-004 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NUME STREET AODRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 In address, with all other like empowered.

SIGNATURE: \(\)

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

4/74/02

T-7894-1631

Daytime Phone #

FILED

727-394-1681