

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000020531

FILED
Apr 05, 2006
Secretary of State

Entity Name: THE LAW OFFICE OF R. MICHAEL LARRINAGA, P.A.

Current Principal Place of Business:

5025 E FOWLER AVE, STE 14
TAMPA, FL 33617

New Principal Place of Business:

5025 E FOWLER AVE, STE 19
TAMPA, FL 33617

Current Mailing Address:

5025 E FOWLER AVE, STE 14
TAMPA, FL 33617

New Mailing Address:

5025 E FOWLER AVE, STE 19
TAMPA, FL 33617

FEI Number: 59-3561417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARRINAGA, R. MICHAEL
5025 E FOWLER AVE, STE 14
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

LARRINAGA, R. MICHAEL
5025 E FOWLER AVE, STE 19
TAMPA, FL 33617 US

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.

SIGNATURE:

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LARRINAGA, R. MICHAEL
Address: 5000 GULF BLVD, #703
City-St-Zip: ST PETE BEACH, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. MICHAEL LARRINAGA

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04/05/2006

Electronic Signature of Signing Officer or Director

Date