

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023543

FILED
Jan 26, 2006
Secretary of State

Entity Name: MARIO LOAIZA & ASSOCIATES, INC.

Current Principal Place of Business:

6331 SEDGEWYCK CIR W
DAVIE, FL 33331 US

New Principal Place of Business:

Current Mailing Address:

4474 WESTON ROAD
186
DAVIE, FL 33331 US

New Mailing Address:

FEI Number: 65-0903184 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOAIZA, MARIO G
6331 SEDGEWICK CIRCLE WEST
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LOAIZA, MARIO G
Address: 6331 SEDGEWICK CIRCE WEST
City-St-Zip: DAVIE, FL 33331

Title: VD () Delete
Name: LOAIZA, VIOLETA C
Address: 6331 SEDGEWICK CIRCE WEST
City-St-Zip: DAVIE, FL 33331

Title: S () Delete
Name: LOAIZA, MARIO E
Address: 6331 SEDGEWYCK CIRCLE WEST
City-St-Zip: DAVIE, FL 33331

Title: TREA () Delete
Name: LOAIZA, JENNIFER
Address: 6331 SEDGEWYCK CIRCLE WEST
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: MARIO G. LOAIZA

PSTD

01/26/2006

Electronic Signature of Signing Officer or Director

_____ Date