

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000070042

1. Entity Name
CARRANZA, COWHEARD, & ASSOCIATES, P.A.



Principal Place of Business

3625 NW 82ND AVENUE
DORAL EXECUTIVE PARK, BLDG. 2, SUITE 306
MIAMI, FL 33166

Mailing Address

3625 NW 82ND AVENUE
DORAL EXECUTIVE PARK, BLDG. 2, SUITE 306
MIAMI, FL 33166



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0938983** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARRANZA, LUIS O
3625 NW 82ND AVENUE
DORAL EXECUTIVE PARK, BLDG. 2, SUITE 306
MIAMI, FL 33166

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IN THIS SPACE**

7. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

8. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME CARRANZA, LUIS O
STREET ADDRESS 3625 NW 82ND AVENUE STE 306
CITY-ST-ZIP MIAMI, FL 33166

TITLE S
NAME COWHEARD, DAVID
STREET ADDRESS 3625 NW 82ND AVENUE STE 306
CITY-ST-ZIP MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000417693
02/13/06-80065-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 305-463-7978
Date Daytime Phone #