


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90171 018 ***158.75

DOCUMENT # P99000092778

1. Entity Name
 CARLOS FIGUEROA, AIA, P.A.



Principal Place of Business Mailing Address

4905 SW 74TH CT. 4905 SW 74TH CT.
 UNIT # 11 UNIT # 11
 MIAMI, FL 33156 MIAMI, FL 33156

2. Principal Place of Business 3. Mailing Address

4905 SW 74 Court 4905 SW 74 Court

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami, FL. Miami, FL.

Zip Country Zip Country

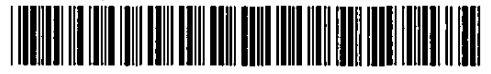
33155 USA 33155 USA

04172006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

65-0962536 Not Applicable

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



6. Name and Address of Current Registered Agent

FIGUEROA, CARLOS
 4905 SW 74TH CT.
 UNIT # 11
 MIAMI, FL 33156

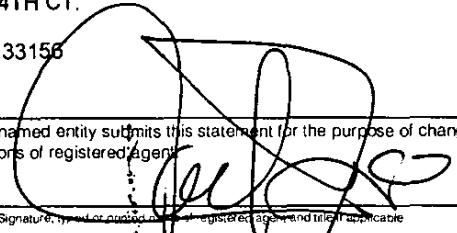
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

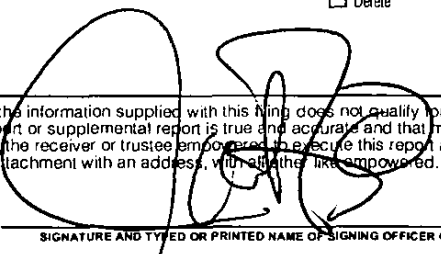
SIGNATURE:  DATE: 04-17th-2006

Signature, typed or printed name of registered agent and title, as applicable. (NOTE: Registered Agent signature required when reconstituting)

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	CHANGE OF ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIGUEROA, CARLOS	NAME	4905 SW 74 CT
STREET ADDRESS	4905 SW 74 CT. UNIT # 11	STREET ADDRESS	MIAMI FL 33155
CITY - ST - ZIP	MIAMI, FL 33156	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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:  Date: 04.17.06 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR