2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S22065

City-St-Zip:

Title:

Name:

Address: City-St-Zip: CORAL GABLES, FL 33134

132 MINORCA AVENUE

CORAL GABLES, FL 33134

BUZZI, JULIO,

(X) Delete

Entity Name: SMITH, ORTIZ, GOMEZ AND BUZZI, P.A.

FILED Jan 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 132 MINORCA AVE. CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 132 MINORCA AVE CORAL GABLES, FL 33134 FEI Number: 65-0232836 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOSE E SMITH JOSE E SMITH 132 MINORCA AVENUE 132 MINORCA AVENUE US CORAL GABLES CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 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: 01/05/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition BUZZI, JULIO M BUZZI, JULIO M Name: Name: 132 MINORCA 132 MINORCA Address: Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: CORAL GABLES, FL 33134 Title: Title: () Delete (X) Change () Addition ORTIZ, FERNANDO L., Name: Name: ORTIZ. FERNANDO 132 MINORCA 132 MINORCA Address: Address: CORAL GABLES, FL 33134 City-St-Zip: CORAL GABLES, FL City-St-Zip: Title: Title: (X) Change () Addition () Delete GOMEZ, ANTONIO, GOMEZ, ANTONIO E Name: Name: 132 MINORCA 132 MINORCA Address: Address: City-St-Zip: CORAL GABLES, FL City-St-Zip: CORAL GABLES, FL 33134 Title: () Delete Title: (X) Change () Addition SMITH, JOSE E, SMITH, JOSE E Name: Name: Address: 132 MINORCA AVENUE Address: 132 MINORCA AVENUE

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

CORAL GABLES, FL 33134

() Change () Addition

SIGNATURE: JOSE E SMITH PRES 01/05/2006