

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S48593

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: DAVID B. MISHAEL, P.A.

## Current Principal Place of Business:

8603 SOUTH DIXIE HWY.  
STE 315  
MIAMI, FL 33143

## New Principal Place of Business:

## Current Mailing Address:

8603 SOUTH DIXIE HWY.  
STE 315  
MIAMI, FL 33143

## New Mailing Address:

FEI Number: 65-0261132

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PALMIERI, THOMAS J ESQ  
2121 PONCE DE LEON BLVD  
SUITE 630  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

PALMIERI, THOMAS J ESQ  
340 MINORCA AVENUE  
SUITE ONE  
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:

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: MISHAEL, DAVID B.,  
Address: 8603 SOUTH DIXIE HWY. STE 315  
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete  
Name: MISHAEL, DAVID B.,  
Address: 8603 SOUTH DIXIE HWY. STE 315  
City-St-Zip: MIAMI, FL 33143

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DAVID B. MISHAEL

PST

04/26/2006

Electronic Signature of Signing Officer or Director

Date