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May 02, 2006 8:00 am
Secretary of State

05-02-2006 90149 043 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S65543

1. Entity Name
EILEEN WEBER P.A.

41

Principal Place of Business	Mailing Address
9374 SW 212 TR. MIAMI, FL 33189 US	9374 S.W. 212 TERRACE 850 HOMESTEAD BLVD., SUITE 201 MIAMI, FL 33189 US

03272006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	9374 SW 212 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MIAMI FL 33189
Zip / Country	Zip: 33189 Country: MIAMI-DADE

4. FEI Number: 65-0279215 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RASKIN, KATHLEEN M
9374 SW 212 TERR
MIAMI, FL 33189

7. Name and Address of New Registered Agent

Name: (SAME) - Kathleen RASKIN
Street Address (P.O. Box Number is Not Acceptable): 15813 SW 99 PL S +
City: MIAMI FL Zip Code: 33196

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: Kathleen M Raskin
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

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 NAME STREET ADDRESS CITY-ST-ZIP	D WEBER, EILEEN 9374 S.W. 212 TERRACE MIAMI, FL 33189 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Eileen Weber, Pres. 4/01/06 305 235 9959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #