2006 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # S79609 1. Entity Name MANUEL A. RAMIREZ, P.A. Principal Place of Business Mailing Address 1200 BRICKELL AVE 1200 BRICKELL AVE #1440 #1440 MIAMI, FL 33131 MIAMI, FL 33131 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent RAMIREZ, MANUEL A. 1200 BRICKELL AVE **SUITE 1440** MIAMI. FL 33131

SIGNATURE:

SIGNATURE AND TYPED

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

04-28-2006 90158 030 ***150.00



04262006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0290217

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement lons of registered agent.	for the purpose of chang	ging its registered office or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered ago	ent and title if applicable.	(NOTE: Registered Agent signatur	e required when reinstating)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	1	Campaign Financing d Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AN	D DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AND RAMIREZ, MANUEL A 1200 BRICKELL AVE, SUITE 1 MIAMI BEACH, FL 33131	440		·		
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12. I hereby certify that the information supplied with this filling 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 accorate 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 an other kelempowered.						