


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90072 032 \*\*\*150.00

DOCUMENT # S82270			
1. Entity Name RAMON HOSPITALET, P.A.		Principal Place of Business 1140 WEST 50TH ST. SUITE #302 HIALEAH, FL 33012 US	
Mailing Address 1140 WEST 50TH ST. SUITE #302 HIALEAH, FL 33012 US		2. Principal Place of Business <i>14355 COMMERCE WAY</i>	
3. Mailing Address <i>14355 COMMERCE WAY</i>		Suite, Apt. #, etc.	
City & State <i>MIAMI LAKES, FL.</i>		City & State <i>MIAMI LAKES, FL.</i>	
4. FEI Number 65-0314082		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOSPITALET, RAMON A. 9010 N.W. 145TH LANE MIAMI, FL 33018		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSPITALET, RAMON A.	NAME	
STREET ADDRESS	9010 N.W. 145TH LANE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33018	CITY-ST-ZIP	
TITLE	D/S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSPITALET, REGLA	NAME	
STREET ADDRESS	9010 N.W. 145TH LANE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33018	CITY-ST-ZIP	
TITLE	D/VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOSPITALET, RAYMOND	NAME	
STREET ADDRESS	9010 NW 145TH LANE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33018	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: <i>Ramon Hospitalet</i>		<i>RAMON HOSPITALET</i> PRESIDENT 03/08/2006 (305) 557-3565	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	