


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90268 035 \*\*\*150.00

**DOCUMENT # P02000085453**

1. Entity Name  
**ADRIANA CABREJA P.A.**



Principal Place of Business      Mailing Address

13767 SW 109 LN      7105 SW 8 ST  
 MIAMI, FL 33186      306  
    MIAMI, FL 33144

40086413



2. Principal Place of Business      3. Mailing Address

**19925 SW 286 ST.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

04272006    Chg-P    CR2E034 (11/05)

City & State      City & State

**HOMESTEAD, FL**

4. FEI Number      Applied For

**30-0100155**      Not Applicable

Zip      Country      Zip      Country

**33030**

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CABREJA, ADRIANA**  
 13767 SW 109 LN  
 MIAMI, FL 33186

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**19925 SW 286 ST**

City      State      Zip Code

**HOMESTEAD, FL 33030**

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: *Adriana Cabreja*      DATE: 4/20/06

Signature typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	CABREJA, ADRIANA	13767 SW 109 LN	MIAMI, FL 33186	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>19925 SW 286 ST</b>	<b>HOMESTEAD, FL 33030</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: ADRIANA CABREJA      Date: 04.20.06      Daytime Phone #: 305 2263443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR