


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90003 006 ***158.75

DOCUMENT # 186178	
1. Entity Name BEISWENGER, HOCH & ASSOCIATES, INC.	

Principal Place of Business 1190 N.E. 163RD ST. P.O. BOX 1368 N. MIAMI BEACH, FL 33162-4513	Mailing Address 1190 N.E. 163RD ST. P.O. BOX 1368 N. MIAMI BEACH, FL 33162-4513
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2. Principal Place of Business 510 Shotgun Road Suite, Apt. #, etc. 400	3. Mailing Address 510 Shotgun Road Suite, Apt. #, etc. 400
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City & State Sunrise, Florida	City & State Sunrise, Florida
Zip 33326	Country USA



4. FEI Number 59-0751610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NORONA, FRANCISCO A. 1190 NE 163RD ST NORTH MIAMI BEACH, FL 33160	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 510 Shotgun Road Suite 400 City Sunrise FL Zip Code 33326
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORONA, FRANCISCO 1190 NE 163RD ST N MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 510 Shotgun Road, Suite 400 Sunrise, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORONA, GABRIEL 1190 NE 163RD ST N MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 510 Shotgun Road, Suite 400 Sunrise, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVARINO, MARIA 1190 NE 163RD ST N MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 510 Shotgun Road, Suite 400 Sunrise, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEUSER, JACQUELYN 1190 NE 163RD ST N MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 510 Shotgun Road, Suite 400 Sunrise, FL 33326
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *F. A. Norona* F. A. Norona 01/24/06 954-334-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #