

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N94000001986</b> 1. Entity Name <b>URGENT, INC.</b>	
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FILED  
05 MAY 11 AM 9:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>1600 NW 3RD AVE BLDG D MIAMI, FL 33136</b>	Mailing Address <b>PO BOX 013047 MIAMI, FL 33101 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04122005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0516506</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>CRESPO, HENRY SR 219 NW 14TH TERR MIAMI, FL 33136</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete CRESPO, HENRY 219 NW 14 TERR MIAMI, FL 33136	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>600054868026</b> <b>05/19/05--01081--022 *\$51.25</b>
NAME	C <input type="checkbox"/> Delete HORTON, DENNIS 434 NW 7TH AVENUE HOMESTEAD, FL 33030	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	D <input type="checkbox"/> Delete STANLEY, JEANETTE 25034 SW 129 PATH PRINCETON, FL 33032	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	M <input type="checkbox"/> Delete NELSON, SALIHA A 219 NW 14 TER MIAMI, FL 33136	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D <input type="checkbox"/> Delete WILLIAMS, PATRICK A 760 NW 95TH ST., #224 MIAMI, FL 33150	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D <input type="checkbox"/> Delete <i>Louise Jones</i> 1927 NW 5th Place MIAMI FL 33136	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		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 exemption stated in Section 119.07(3)(i), 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 617, 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:** \_\_\_\_\_ *4-25-05* *305-576-3084*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #