

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001986

FILED  
Apr 02, 2007  
Secretary of State

Entity Name: URGENT, INC.

**Current Principal Place of Business:**

1600 NW 3RD AVE  
BLDG D  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 013047  
MIAMI, FL 33101 US

**New Mailing Address:**

FEI Number: 65-0516506      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CRESPO, HENRY SR  
219 NW 14TH TERR  
MIAMI, FL 33136 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CRESPO, HENRY  
Address: 219 NW 14 TERR  
City-St-Zip: MIAMI, FL 33136

Title: C ( ) Delete  
Name: HORTON, DENNIS  
Address: 434 NW 7TH AVENUE  
City-St-Zip: HOMESTEAD, FL 33030

Title: D ( ) Delete  
Name: STANLEY, JEANETTE  
Address: 25034 SW 129 PATH  
City-St-Zip: PRINCETON, FL 33032

Title: M ( ) Delete  
Name: NELSON, SALIHA A  
Address: 219 NW 14 TER  
City-St-Zip: MIAMI, FL 33136

Title: D ( ) Delete  
Name: WILLIAMS, PATRICK A  
Address: 760 NW 95TH ST., #224  
City-St-Zip: MIAMI, FL 33150

Title: D ( ) Delete  
Name: JONES, LOUISE  
Address: 1927 NW 5TH PLACE  
City-St-Zip: MIAMI, FL 33136

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LAPCIUC, MARCOS  
Address: 4900 PINE TREE DRIVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY CRESPO

M

04/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date