


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-03-2006 90207 038 ****61.25

DOCUMENT # N94000005789 1. Entity Name FUNDACION DOMINICANA DE INFECTOLOGIA OF FLORIDA, INC.		
Principal Place of Business 1067 SW 86TH CT. MIAMI FL 33144		Mailing Address 1067 SW 86TH CT. MIAMI FL 33144
2. Principal Place of Business 2333 Brickel Ave Suite, Apt. #, etc. 602	3. Mailing Address 2333 Brickel Ave Suite, Apt. #, etc. 602	
City & State Miami, Fla	City & State Miami, Fla	4. FEI Number 65-0550188
Zip 33129	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent FLOREN, ANGELICA DR. 1067 SW 86TH CT. MIAMI FL 33144		7. Name and Address of New Registered Agent Name Floren, Angelica Dr. Street Address (P.O. Box Number is Not Acceptable) 2333 Brickel Ave Ap. 602 City Miami FL Zip Code 33129
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>		




1st MOORE CR2E037 (10/05)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete DE FIALLO, GERMANIA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE FIALLO, GERMANIA	NAME	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33102	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete DE ARMENTEROS, MARIA L	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ARMENTEROS, MARIA L	NAME	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33102	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete DE PAIZ, OLGA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE PAIZ, OLGA	NAME	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33102	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete DE FERIS, PILAR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE FERIS, PILAR	NAME	
STREET ADDRESS	EPS A-383, P.O. BOX 5256 N/A	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33102	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete PEINADO, MARIA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEINADO, MARIA	NAME	
STREET ADDRESS	8250 S.W. 33 TERR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete FLOREN, ANGELICA	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOREN, ANGELICA	NAME	Floren Angelica
STREET ADDRESS	1067 S.W. 86TH CT.	STREET ADDRESS	2333 Brickel Ave Ap. 602
CITY-ST-ZIP	MIAMI FL 33144	CITY-ST-ZIP	Miami, Fla 33129

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:  **Maria Peinado** 4/23/06 305 585 5143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #