

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000130150 1. Entity Name AMERICAN INSTITUTE FOR SLEEP PERFORMANCE, INC.					
Principal Place of Business 6175 N.W. 153RD STREET SUITE 324 MIAMI LAKES FL 33014			Mailing Address 6175 N.W. 153RD STREET SUITE 324 MIAMI LAKES FL 33014		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 52-2413969				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HERRERA, JOHN 1320 SOUTH DIXIE HIGHWAY, PH 1275 GABLES ONE TOWER CORAL GABLES FL 33146			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) Date					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May C Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD CASTELLANOS, JORGE E 6175 NW 153 ST, SUITE 324 MIAMI LAKES FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000420955 02/16/06-80017-004 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD GONZALEZ, GERARDO 6175 N.W. 153 STREET, STE 324 MIAMI LAKES FL 33014	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with either like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2-1-06 (305) 824-3244		