

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000114630

**FILED**  
**Feb 08, 2006**  
**Secretary of State**

**Entity Name:** PREFERRED HEALTH SOLUTIONS INC

**Current Principal Place of Business:**

1520 SW 1ST STREET  
UNIT 4  
MIAMI, FL 33135

**New Principal Place of Business:**

5099 NW 7TH STREET  
UNIT 1203  
MIAMI, FL 33126

**Current Mailing Address:**

1520 SW 1ST STREET  
UNIT 4  
MIAMI, FL 33135

**New Mailing Address:**

5099 NW 7TH STREET  
UNIT 1203  
MIAMI, FL 33126

**FEI Number:** 20-3338427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASOOD, HILDA  
1520 SW 1ST STREET  
UNIT 4  
MIAMI, FL 33135 US

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

GONZALEZ, MELISSA  
5099 NW 7TH STREET  
UNIT 1203  
MIAMI, FL 33126 US

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: MELISSA GONZALEZ

02/08/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MASOOD, HILDA  
Address: 1520 SW 1ST STREET, UNIT 4  
City-St-Zip: MIAMI, FL 33135

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

Title: PD (X) Change ( ) Addition  
Name: GONZALEZ, MELISSA  
Address: 5099 NW 7TH STREET UNIT 1203  
City-St-Zip: MIAMI, FL 33126

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA GONZALEZ

PD

02/08/2006

Electronic Signature of Signing Officer or Director

Date