


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000071017**

1. Entity Name  
**VERTICAL SPECIALIST, INC.**



Principal Place of Business <b>9531 FOUNTAINBLEAU BLVD          #609          MIAMI, FL 33172</b>	Mailing Address <b>9531 FOUNTAINBLEAU BLVD          #609          MIAMI, FL 33172</b>
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01232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0444080</b>	Applied For Not Applicable
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6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**MEDINA, DAVID  
 9531 FOUNTAINBLEAU BLVD., #609  
 MIAMI, FL 33172**

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00        After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MEDINA, DAVID 9531 FOUNTAINBLEAU BLVD #609 MIAMI, FL 33172
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 04/10/06-80015-016 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an officer or other like empowered.

**SIGNATURE:** \_\_\_\_\_ **7-20-06** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #