

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000088063 1. Entity Name HEALTHTECH SOLUTIONS AND SYSTEMS, INC.	
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Principal Place of Business 600 WEST 20TH ST HIALEAH, FL 33010	Mailing Address 600 WEST 20TH ST HIALEAH, FL 33010
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2472391	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRACERAS, WILFRED 600 WEST 20TH ST HIALEAH, FL 33010

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

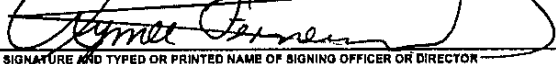
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRACERAS, WILFRED 600 WEST 20TH ST HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CEPERO, SANDDY 600 WEST 20TH ST HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, AYMEE 600 WEST 20TH ST HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANALEJO, IVAN 8251 NW 8TH ST # 504 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000600730
01/26/07-80021-009 158.75

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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 all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	01/31/2007 (305)804-6676 Date Daytime Phone #
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