

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

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90048 038 ****70.00



DOCUMENT # 749189

1. Entity Name

AIROJEN CENTER, INC.

Principal Place of Business

**9735 E FERN STREET
MIAMI FL 33157**

Mailing Address

**9735 E FERN STREET
MIAMI FL 33157**

2. Principal Place of Business

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3. Mailing Address

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Suite, Apt. #, etc.

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Suite, Apt. #, etc.

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City & State

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City & State

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Zip

Country

--

Zip

Country

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4. FEI Number

59-2013847

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

**LAFONT, AILEEN
14212 S.W 30TH ST
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name

ROBERTO RUIZ, M.D.

Street Address (P.O. Box Number is Not Acceptable)

5704 S.W. 131 TERR.

City

MIAMI

FL

Zip Code
33156

8. The above named entity admits 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

ROBERTO RUIZ, M.D. PRESIDENT

2/2/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** Delete

NAME **LA FONT, AILEEN**

STREET ADDRESS **14212 S.W 30 ST**

CITY-ST-ZIP **MIAMI FL 33175**

TITLE **PD** Delete

NAME **RUIZ, ROBERTO SR.**

STREET ADDRESS **5704 SW 131 TERR**

CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** Delete

NAME **RUIZ, JENNIFER**

STREET ADDRESS **5704 SW 131 TERR**

CITY-ST-ZIP **MIAMI FL**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:

ROBERTO RUIZ, M.D. PRESIDENT 2/2/06 (305)238-51 21