

# 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

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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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 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

**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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**