

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M21569

Entity Name: CARDIO-SERVICES, INC.

FILED
May 22, 2006
Secretary of State

Current Principal Place of Business:

4701 N MERIDIAN AVE
ADAMS BLDG/STE 500
MIAMI BEACH, FL 33140

Current Mailing Address:

900 BAY DR
APT 104
MIAMI BEACH, FL 33141

New Principal Place of Business:

1111 96TH STREET
SUITE 111
BAY HARBOR, FL 33154

New Mailing Address:

900 BAY DR
APT 102
MIAMI BEACH, FL 33141

FEI Number: 59-2584249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLAVIN, BONITA H.
400 ARTHUR GODFREY ROAD, SUITE 508
-
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

SLAVIN, BONITA H
900 BAY DRIVE
APT. 102
MIAMI BEACH, FL 33141 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: BONITA H. SLAVIN

05/22/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: 7SD () Delete
Name: SLAVIN, BONITA H.,
Address: 900 BAY DR. #104
City-St-Zip: MIAMI BCH, FL

Title: TD () Delete
Name: SLAVIN, AMANDA HOPE,
Address: 900 BAY DR. #104
City-St-Zip: MIAMI BCH, FL

Title: VD () Delete
Name: SLAVIN, ADAM PAUL,
Address: 900 BAY DR. #104
City-St-Zip: MIAMI BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BONITA H. SLAVIN

PRES

05/22/2006

Electronic Signature of Signing Officer or Director

Date