## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0100004292

FILED Jul 01, 2006 Secretary of State

Entity Name: MD'S 4CURE ORGANIZATION CORP.  Current Principal Place of Business: New Principal Place of Business:  17920 SW 89 AVE MIAMI, FL 33157  Current Mailing Address: New Mailing Address:  17920 SW 89 AVE MIAMI, FL 33157  FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Name and Address of Current Registered Agent: Name and Address of New Registered Agent:  DIAZ DE LA ROCHA, LISETTE M 17920 SW 89 AVENUE MIAMI, FL 33157 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, of in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent Date  OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Name: DIAZ DE LA ROCHA, LISETTE Address: 17920 SW 89 AVENUE MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157 City-St-Zip: Title: ( ) Change ( ) Addition Name: HAZOURY, KHALIL Name: HAZOURY, KHALIR CITY City-St-Zip: City-S	DOCOM	EN 1# NU100004292		Secretary of State	
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Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title: PD () Delete Title: () Change () Addition Name: Name: Address: 17920 SW 89 AVE Address: City-St-Zip: MIAMI, FL 33157  Title: TD () Delete Title: () Change () Addition Name: HAZOURY, KHALIL Name: Address: 17920 SW 89 AVENUE Address: Address:	17920 SW MIAMI, FL The above	89 AVENUE 33157 US named entity submits this statement for the	e purpose of changing its registere	ed office or registered agent, or botl	h,
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIR  Title: PD () Delete Name: DIAZ DE LA ROCHA, LISETTE Address: 17920 SW 89 AVE City-St-Zip: MIAMI, FL 33157  Title: TD () Delete Title: Vame: HAZOURY, KHALIL Address: 17920 SW 89 AVENUE  Title: Address: Address: Address: Address: Address: Address:	SIGNATUR	RE:			
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	Name: Address:	HAZOURY, KHALIL 17920 SW 89 AVENUE	Name: Address:	() Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISETTE DIAZ DE LA ROCHA PD 07/01/2006