

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90417 025 ****61.25

DOCUMENT # N11827

1. Entity Name
**FLORIDA ASSOCIATION OF MEDICAL TECHNOLOGISTS
CORP.**



Principal Place of Business
**C/O ENRIQUE DE GRANDA
9220 S.W. 67TH STREET
MIAMI, FL 33173**

Mailing Address
**C/O ENRIQUE DE GRANDA
9220 S.W. 67TH STREET
MIAMI, FL 33173**

DO NOT WRITE IN THIS SPACE



01032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2816088

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DE GRANDA, ENRIQUE
9220 S.W. 67TH STREET
MIAMI, FL 33173**

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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
GUETHON,, JOSE
11001 S.W. 42ND TERRACE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DE GRANDA, ENRIQUE
9220 SW 67TH STREET
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DE GRANDA, MAGALY
9220 SW 67TH STREET
MIAMI, FL 33173**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

Enrique De Granda **ENRIQUE DE GRANDA**

4/13/06
Date

Daytime Phone #