

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90074 014 \*\*\*150.00

**DOCUMENT # P00000026748**

1. Entity Name  
**ADVANTAGE IN SUPPORT COORDINATION, INC.**



Principal Place of Business  
**7501 SW 16TH ST.  
MIAMI, FL 33155**

Mailing Address  
**7501 SW 16TH ST.  
MIAMI, FL 33155**

00014513



2. Principal Place of Business

**8020 Coral Way**

Suite, Apt. #, etc.  
**Suite 3**

City & State  
**MIAMI FL**

Zip  
**33155**

Country

3. Mailing Address

**8020 Coral Way**

Suite, Apt. #, etc.  
**Suite 3**

City & State  
**MIAMI FL**

Zip  
**33155**

Country

02012006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**65-0990874**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LORENZO, LISSETTE E  
7501 SW 16TH ST.  
MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name  
**Lisette E. Lorenzo**

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

**8020 Coral Way Suite 3**

City  
**MIAMI**

FL

Zip Code  
**33155**

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/1/2006**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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  
**M  
LORENZO, LISSETTE  
7501 SW 16 COURT  
MIAMI, FL 33155**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
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CITY - ST - ZIP  
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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 607, 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/1/2006**