

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000122490

FILED
Apr 23, 2009
Secretary of State

Entity Name: AZTEK NURSING REGISTRY INC.

Current Principal Place of Business:

16201 SW 95TH AVENUE
SUITE 213
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

16201 SW 95TH AVENUE
SUITE 213
MIAMI, FL 33157

New Mailing Address:

FEI Number: 45-0491481 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIRLEY, RONNIE L
10851 SW 167TH STREET
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHIRLEY, RONNIE L
Address: 10851 SW 167 STREET
City-St-Zip: MIAMI, FL 33157

Title: A () Delete
Name: SHIRLEY, MARILYN
Address: 10851 SW 167 STREET
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: RONNIE SHIRLEY

P

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date