

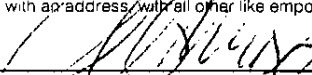


FILED
Jan 31, 2008 08:00 AM
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000000006		
1. Entity Name ALSHON & TARRASH, INC.		
Principal Place of Business 14610 MILITARY TRAIL, G-2 DELRAY BEACH, FL 33484		Mailing Address 14610 MILITARY TRAIL, G-2 DELRAY BEACH, FL 33484
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALSHON, JOSEPH J D.O. 14610 MILITARY TRAIL, G-2 DELRAY BEACH, FL 33484		
		01092008 No Chg-P CR2E034 (11/05)
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		4. FEI Number 43-1990532
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000809613 02/08/08-80030-003 150.00
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	ALSHON, JOSEPH J DO	
STREET ADDRESS	14610 MILITARY TRAIL G-2	
CITY- ST- ZIP	DELRAY BEACH, FL 33484	
TITLE	VPS	
NAME	TARRASH, JONATHAN M MD	
STREET ADDRESS	14610 MILITARY TRAIL G-2	
CITY- ST- ZIP	DELRAY BEACH, FL 33484	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: 		Date: 1/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #