

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90118 025 \*\*\*158.75

<b>DOCUMENT # P03000053740</b> 1. Entity Name <b>DOCTOR CARD INC.</b>																																							
Principal Place of Business <b>7875 S.W. 40TH STREET #228 MIAMI, FL 33155</b>		Mailing Address <b>7875 S.W. 40TH STREET #228 MIAMI, FL 33155</b>																																					
2. Principal Place of Business <b>7875 SW 40 St</b>		3. Mailing Address <b>7875 SW 40 St</b>																																					
Suite, Apt. #, etc. <b>SUITE # 216</b>		Suite, Apt. #, etc. <b>SUITE # 216</b>																																					
City & State <b>MIAMI, FLA</b>		City & State <b>MIAMI, FLA</b>																																					
Zip <b>33155</b>		Zip <b>33155</b>																																					
Country <b>USA</b>		Country <b>USA</b>																																					
4. FEI Number <b>03-0519007</b>		Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																					
6. Name and Address of Current Registered Agent <b>IRIGOYEN, RAMON G 7875 S.W. 40TH STREET #228 MIAMI, FL 33155</b>		7. Name and Address of New Registered Agent Name <b>RAMON G. IRIGOYEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>7875 SW 40th Street</b> <b>SUITE # 216</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33155</b>																																					
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 <b>Ramon G. Irigoyen</b> <b>Reg Agent</b> <b>1-18-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>PSTD</b>  <b>IRIGOYEN, RAMON G</b>  <b>7875 S.W. 40TH STREET, #228</b>  <b>MIAMI, FL 33155</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>IRIGOYEN, RAMON G</b> <b>7875 S.W. 40TH STREET, #228</b> <b>MIAMI, FL 33155</b>		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>Pro Sec Treas. D -</b>  <b>IRIGOYEN, RAMON G</b>  <b>7875 SW 40th Street #216</b>  <b>MIAMI, FLA 33155</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pro Sec Treas. D -</b> <b>IRIGOYEN, RAMON G</b> <b>7875 SW 40th Street #216</b> <b>MIAMI, FLA 33155</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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 <b>Ramon G. Irigoyen</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>1-18-06</b> Daytime Phone # <b>305 266-6660</b>																																					