


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90020 001 ***150.00
02-08-2006 90020 002 *****8.75

DOCUMENT # P03000069895	
1. Entity Name FLORIDA INTERNATIONAL ASSOCIATION OF CARDIOGRAPHIC TECHNOLOGIC TECHNICIAN CERTIFICATION, INC.	

Principal Place of Business 6489 SW 8TH ST MIAMI, FL 33144	Mailing Address 6489 SW 8TH ST MIAMI, FL 33144
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2. Principal Place of Business 6615 SW. 8 ST.	3. Mailing Address 651 SW. 65 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL.	City & State MIAMI FL.
Zip 33144	Zip 33144
Country MIAMI-DADE	Country MIAMI-DADE

02052006 Chg-P CR2E034 (11/05)

4. FEI Number 81-0620575	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent ALCURIA, ARMANDO L 6489 SW 8TH ST MIAMI, FL 33144	
Name _____	
Street Address (P.O. Box Number is Not Acceptable) _____	
City FL	Zip Code _____

7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ Zip Code _____	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCURIA, ARMANDO L 6489 SW 8TH ST MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALCURIA, ARMANDO L <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6615 SW. 8 ST. MIAMI FL. 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCURIA, ARGELIA M 6489 SW 8TH ST MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALCURIA ARGELIA M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6615 SW. 8 ST MIAMI FL. 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Armando Alcuria 02-05-06 305-264-4972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #