


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000069895		
1. Entity Name FLORIDA INTERNATIONAL ASSOCIATION OF CARDIOGRAPHIC TECHNOLOGIC TECHNICIAN CERTIFICATION, INC.		
Principal Place of Business 6615 SW 8 ST. MIAMI, FL 33144	Mailing Address 6615 SW 8 ST. MIAMI, FL 33144	



01202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent ALCURIA, ARMANDO L 6489 SW 8TH ST MIAMI, FL 33144	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCURIA, ARMANDO L 6615 SW 8ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCURIA, ARGELIA M 6618 SW. ST MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000797590
01/29/08-80078-029 150.00

**DO NOT WRITE
IN THIS SPACE**

U00000797590
01/29/08-80078-030 8.75

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 **ARMANDO ALCURIA** 01-20-08 - 305-264-4972
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #