

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000079900

FILED
Feb 12, 2008
Secretary of State

Entity Name: A PRIME NURSES REGISTRY, INC.

Current Principal Place of Business:

9155 S. DADELAND BLVD
SUITE 1008
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9155 S. DADELAND BLVD
SUITE 1008
MIAMI, FL 33156

New Mailing Address:

FEI Number: 14-1895001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EMANUEL, RONALD M
3001 PONCE DE LEON BLVD., SUITE 262
CORAL GABLES, FL 33134 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: PD () Delete
Name: SHOOR, BARRY G
Address: 1210 CARTAGENA AVE.
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SHOOR, BARRY G
Address: 701 BELLA VISTA AVE
City-St-Zip: CORAL GABLES, FL 33156

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: BARRY SHOOR

PRES

02/12/2008

Electronic Signature of Signing Officer or Director

_____ Date