

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000012456

1. Entity Name

ALEPHZAYN HEALTH SERVICES, INC



Principal Place of Business

7360 W 20 AVE #139
HIALEAH FL 33016

Mailing Address

7360 W 20 AVE #139
HIALEAH FL 33016



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

20-1618557

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILIAN, ZEOLIDA
7360 W 20 AVE #139
HIALEAH FL 33016

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when for sale/g)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME MILIAN, ZEOLIDA
STREET ADDRESS 7360 W 20 AVE #139
CITY-ST-ZIP HIALEAH FL 33016

☐ Change ☐ Add
U00000436965
02/28/06-00023-009 150.00

TITLE V ☐ Delete
NAME SIGAS, CARMEN
STREET ADDRESS 7360 W 20 AVE #139
CITY-ST-ZIP HIALEAH FL 33016

☐ Change ☐ Add

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

[Signature]

2/13/06

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #