2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000012456

Entity Name: ALEPHZAYN HEALTH SERVICES, INC

FILED Jul 07, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
) AVE #139 FL 33016				
Current Mailing Address:			New Mailing Address:		
) AVE #139 FL 33016				
FEI Number	: 20-1618557	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
) AVE #139	US			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
		93(2)(b), F.S., the corporation did n ng Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (MILIAN, ZEOL 7360 W 20 AV HIALEAH, FL	E #139	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (SIGAS, CARM 7360 W 20 AV HIALEAH, FL	E #139	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CARMEN SIGAS V 07/07/2008