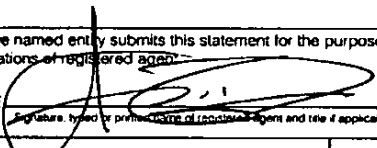
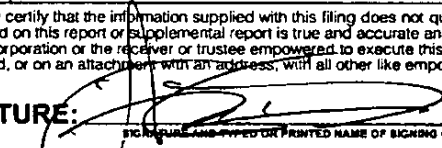


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-03-2006 90394 047 ***150.00

DOCUMENT # P04000013123					
1. Entity Name HEALTHCARE BUSINESS BROKERS, INC.					
Principal Place of Business 2355 SALZEDO STREET SUITE 204-B CORAL GABLES, FL 33134			Mailing Address 2355 SALZEDO STREET SUITE 204-B CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIAZ, IRVING J 6700 NW 118 STREET HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name Irving J. Diaz Street Address (P.O. Box Number is Not Acceptable) 2355 Salzedo St., # 204-B City Coral Gable FL 33134		
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 		Irving J. Diaz President		DATE 3/31/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	P DIAZ, IRVING J 5700 NW 118 STREET HIALEAH, FL 33012	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ 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: 		Irving J. Diaz, President		DATE 3/31/06 Daytime Phone # 305-403-7863	

66010146



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