


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2008 8:00 am
Secretary of State

06-26-2008 90001 036 ***150.00

DOCUMENT # P04000088031 1. Entity Name A.S.A.P. DIAGNOSTIC INC.					
Principal Place of Business 5913 JOHNSON STREET HOLLYWOOD, FL 33021			Mailing Address 5913 JOHNSON STREET HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 83-0398635	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YEPE, JULIAN A 5913 JOHNSON STREET HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent Name PB&A Financial Services, Corp. Street Address (P.O. Box Number is Not Acceptable) 174 NE 96 Street City Miami Shores FL Zip Code 33138	
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 		Accountant		06/24/2008	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT YEPE, JULIAN A 5913 JOHNSON STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS YEPE, HEIDYS 5913 JOHNSON STREET HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			06/24/2008		(305) 758-1136
Date			Daytime Phone #		