

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131252

FILED
Jan 05, 2006
Secretary of State

Entity Name: CREST MEDICAL SERVICES, INC.

Current Principal Place of Business:

5755 WEST FLAGLER STREET
SUITE 208
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

5755 WEST FLAGLER STREET
SUITE 208
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-1638419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROJAS, EDUARDO
5755 WEST FLAGLER STREET
SUITE 208
MIAMI, FL 33144 US

Name and Address of New Registered Agent:

COMPANIONI ABREV, ARAHI
5755 WEST FLAGLER STREET
SUITE 208
MIAMI, FL 33144 US

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: ARAHI COMPANIONI ABREV

01/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD (X) Delete
Name: ROJAS, EDUARDO
Address: 5755 WEST FLAGLER STREET STE 208
City-St-Zip: MIAMI, FL 33144

Title: PS () Delete
Name: COMPANIONI ABREV, ARAHI
Address: 5755 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

Title: VP (X) Delete
Name: ROJAS, EDUARDO
Address: 5755 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: COMPANIONI ABREV, ARAHI
Address: 5755 WEST FLAGLER STREET
City-St-Zip: MIAMI, FL 33144

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ARAHI COMPANIONI ABREV

PD

01/05/2006

Electronic Signature of Signing Officer or Director

Date