

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90402 022 \*\*\*150.00

<b>DOCUMENT # P05000026643</b>					
<b>1. Entity Name</b> 351 MEDICAL BUILDING, INC.					
<b>Principal Place of Business</b> 5321 S.W. 87TH AVENUE MIAMI, FL 33165			<b>Mailing Address</b> 5321 S.W. 87TH AVENUE MIAMI, FL 33165		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>			
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>		
<b>6. Name and Address of Current Registered Agent</b>  ALVAREZ-JACINTO, MANUEL 5321 S.W. 87TH AVENUE MIAMI, FL 33165			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>PD</b> ALVAREZ-JACINTO, MANUEL <input type="checkbox"/> Delete 5321 S.W. 87TH AVENUE MIAMI, FL 33165		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<b>VPD</b> ALVAREZ-JACINTO, MARTA <input type="checkbox"/> Delete 5321 S.W. 87TH AVENUE MIAMI, FL 33165		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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 addressee with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ <small>Signature, typed or printed name of signing officer or director</small>			Date: 4/10/06 (305) 445-3030 <small>Daytime Phone #</small>		

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04102008 Chg-P CR2E034 (11/05)

4. FEI Number **76-0781465** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**