

# **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000061732

**FILED**  
**Jan 12, 2006**  
**Secretary of State**

**Entity Name:** ALBERNAS MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

139 SW 22 AVE  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

139 SW 22 AVE  
MIAMI, FL 33135

**New Mailing Address:**

**FEI Number:** 20-2750991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTELL, INDIRA  
139 SW 22 AVE  
MIAMI, FL 33135 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD ( ) Delete  
**Name:** MARTELL, INDIRA  
**Address:** 139 SW 22 AVE.  
**City-St-Zip:** MIAMI, FL 33135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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:** INDIRA MARTELL

PD

01/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date