

# **2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000069460

**FILED**  
**Apr 20, 2006**  
**Secretary of State**

**Entity Name:** CORBAN PROFESSIONAL SERVICES, CORP.

**Current Principal Place of Business:**

8964 W. FLAGLER ST.  
APT 219  
MIAMI, FL 33174

**New Principal Place of Business:**

**Current Mailing Address:**

6355 N.W. 36 TH STREET  
# 307  
MIAMI, FL 33166

**New Mailing Address:**

**FEI Number:** 41-2183858      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SALINAS, KAREN  
8964 W. FLAGLER ST.  
APT 219  
MIAMI, FL 33174 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SALINAS, KAREN  
Address: 8964 W. FLAGLER ST. - APT 219  
City-St-Zip: MIAMI, FL 33174

Title: S,T ( ) Delete  
Name: NEIRA, CLAUDIA M  
Address: 5508 S.W. 131 CT.  
City-St-Zip: MIAMI, FL 33175

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: VP ( ) Change (X) Addition  
Name: URIBE, OLGA S VP  
Address: 8964 WEST FLAGLER ST. APT 219  
City-St-Zip: MIAMI, FL 33174

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: KAREN SALINAS

D

04/20/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date