



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90025 019 ***150.00

DOCUMENT # P05000072033					
1. Entity Name THE IMPACT PERSONAL INJURY CENTER, INC					
Principal Place of Business 1280 WEST 46TH ST 207 HIALEAH, FL 33012			Mailing Address 1280 WEST 46TH ST 207 HIALEAH, FL 33012		
2. Principal Place of Business 10792 SW 24th St		3. Mailing Address 10792 SW 24th St			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI FL		City & State MIAMI FL			
Zip 33165		Country MIAMI-DORE		05112006 Chg-P CR2E034 (11/05)	
4. FEI Number 27-0123929		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACEVEDO, CARIDAD 1280 WEST 46TH ST 207 HIALEAH, FL 33012			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing <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	P ACEVEDO, CARIDAD 1280 WEST 46TH ST APT 207 HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, VANESSA 7100 FAIRWAY APT K16 MIAMILAKES, FL 33014	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: <i>Caridad Acevedo</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		