


**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000076879

1. Entity Name  
FLORIDA BROKER ALLIANCE INC



Principal Place of Business  
2441 NW 93RD AVE  
107-A  
DORAL, FL 33172 US

Mailing Address  
2441 NW 93RD AVE  
107-A  
DORAL, FL 33172 US

2. Principal Place of Business - No P.O. Box #  
  
Suite, Apt. #, etc.  
  
City & State  
  
ZipCountry

3. Mailing Address  
  
Suite, Apt. #, etc.  
  
City & State  
  
ZipCountry

03152007Chg-P

CR2E034 (12/06)


4. FEI Number  
20-2940370

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
VELASCO, NESTOR  
2441 NW 93RD AVE  
107-A  
DORAL, FL 33172

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
  
CityFLZip 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:  4/13/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

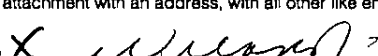
9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div> <div>P VELASCO, NESTOR 2711 SW 149 PLACE MIAMI, FL 33185</div> <div><input type="checkbox"/> Delete</div>	<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div> <div><div>U00000707203</div><div>04/24/07-80065-016 150.00</div></div> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div> <div>V MILLENNIUM HEALTH PARTNERS 2711 SW 149 PLACE MIAMI, FL 33185</div> <div><input type="checkbox"/> Delete</div>	<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div> <div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>
<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div> <div><div><input type="checkbox"/> Delete</div></div>	<div>TITLE NAME STREET ADDRESS CITY-ST-ZIP</div> <div><div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></div>
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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:  4/13/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DateDaytime Phone #