

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087989

FILED  
Mar 03, 2006  
Secretary of State

Entity Name: PAIN AND INJURY NETWORK INC.

## Current Principal Place of Business:

5150 E CLUB CIRCLE #203  
BOCA RATON, FL 33487

## New Principal Place of Business:

PO BOX 810681  
BOCA RATON, FL 33481

## Current Mailing Address:

5150 E CLUB CIRCLE #203  
BOCA RATON, FL 33487

## New Mailing Address:

5801 SW 74 TERRACE  
#1  
MIAMI, FL 33143

FEI Number: 20-3450367

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAPIA, MIRNA  
5150 E CLUB CIRCLE #203  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

CRUZ, VERONICA  
5801 SW 74 TERRACE  
1  
MIAMI, FL 33143 US

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: VERONICA CRUZ

03/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: TAPIA, MIRNA  
Address: 5150 E CLUB CIRCLE #203  
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete  
Name: CRUZ, VERONICA  
Address: 9801 SW 54 STREET  
City-St-Zip: MIAMI, FL 33165

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: TAPIA, MIRNA  
Address: PO BOX 810681  
City-St-Zip: BOCA RATON, FL 33481

Title: D (X) Change ( ) Addition  
Name: CRUZ, VERONICA  
Address: 5801 SW 74 TERRACE, #1  
City-St-Zip: MIAMI, FL 33143

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: VERONICA CRUZ

D

03/03/2006

Electronic Signature of Signing Officer or Director

Date