

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000140941

FILED
Feb 23, 2006
Secretary of State

Entity Name: ABNER MEDICAL STAFFING, CORP.

Current Principal Place of Business:

2100 W 76TH STREET
213
HIALEAH, FL 33016

New Principal Place of Business:

3399 NW 72 AVENUE
211
MIAMI, FL 33122

Current Mailing Address:

2100 W 76TH STREET
213
HIALEAH, FL 33016

New Mailing Address:

3399 NW 72 AVENUE
211
MIAMI, FL 33122

FEI Number: 34-2057168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALCOBA, DEBORAH L
2100 W 76TH STREET
SUITE 413
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

ALCOBA, DEBORAH L
3399 NW 72 AVENUE
211
MIAMI, FL 33122 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:

02/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALCOPA, DEBORAH L
Address: 17347 SW 20TH COURT
City-St-Zip: MIRAMAR, FL 33029 US

Title: D () Delete
Name: ALCOPA, IVETTE P
Address: 905 BRICKELL BAY DRIVE, APT 728
City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete
Name: IBANEZ, LUDVICK
Address: 905 BRICKELL BAY DRIVE, APT 728
City-St-Zip: MIAMI, FL 33131 US

Title: D (X) Delete
Name: MASFORROLL, MARIE C
Address: 825 BRICKELL BAY DRIVE, APT 643
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: ALCOPA, RUBEN Y
Address: 17347 SW 20TH COURT
City-St-Zip: MIRAMAR, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: DEBORAH L. ALCOPA

P

02/23/2006

Electronic Signature of Signing Officer or Director

Date