2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 09, 2006
Secretary of State

DOCUMENT# P05000140941

Entity Name: ABNER MEDICAL STAFFING, CORP.

Current Principal Place of Business:

3399 NW 72 AVENUE
211
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

3399 NW 72 AVENUE
211
MIAMI, FL 33122

New Mailing Address:

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
3399 NW 72 AVENUE
211
MIAMI, FL 33122 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: P ( ) Delete
Name: ALCOBA, DEBORAH L
Address: 17347 SW 20TH COURT
City-St-Zip: MIRAMAR, FL 33029 US

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

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

Title: D (X) Delete
Name: ALCOBA, 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: VP (X) Change ( ) Addition
Name: FRANCES, MARIE C
Address: 1865 BRICKELL AVENUE, APT A1412
City-St-Zip: MIAMI, FL 33129 US

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. ALCOBA P 11/09/2006

Electronic Signature of Signing Officer or Director — Date