


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90022 030 ***158.75

DOCUMENT # P06000033276	
1. Entity Name INSTITUTE FOR NURSING ASSISTANTS, INC.	

Principal Place of Business 9450 NW 58 ST SUITE 104 DORAL FL 33178	Mailing Address 9450 NW 58 ST SUITE 104 DORAL FL 33178
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2. Principal Place of Business - No P.O. Box # 4711 NW 79 Avenue	3. Mailing Address 4711 NW 79th Avenue
Suite, Apt. #, etc. 5E	Suite, Apt. #, etc. 5E

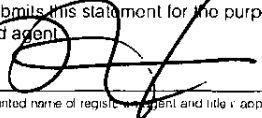
1st MOORE CR2E034 (10/06)

City & State Doral, Florida	City & State Doral, Florida
Zip 33166	Zip 33166
Country USA	Country USA

4. FEI Number 20-4403657	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TORRES, ROBERT 9450 NW 58 ST SUITE 104 DORAL FL 33178	7. Name and Address of New Registered Agent Name: Torres, Robert Street Address (P.O. Box Number is Not Acceptable): 4711 NW 79th Avenue # 5E City: Doral FL Zip Code: 33166
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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:  DATE: 2/21/07

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORRES, ROBERT 9450 NW 58 ST SUITE 104 DORAL FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Torres, Robert 4711 NW 79 Avenue suite 5E Doral, Florida 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **2/21/07** **305-525-4913**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #