2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040383

Entity Name: MIAMI SCRUBS, INC

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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10356 SW 187 STREET MIAMI, FL 33157

Current Mailing Address: New Mailing Address:

10354 SW 187TH STREET MIAMI, FL 33157

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOHAMMAD, SHAMIM S 8831 SW 152ND STREET PALMETTO BAY MIAMI, FL 33157 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition ANGENE, JEANETTE ANGENE, JEANETTE Name: Name: 10354 SW 187TH STREET 10354 SW 187TH STREET Address: Address: City-St-Zip: MIAMI, FL 33157 US City-St-Zip: MIAMI, FL 33157 US

Title: Title: DP (X) Change () Addition () Delete MOHAMMAD, SHAMIM S Name: Name: MOHAMMAD, SHAMIM S Address:

10354 SW 187TH STREET 10354 SW 187TH STREET Address: MIAMI, FL 33157 US MIAMI, FL 33157 US City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition DV LARGAESPADA, MARTHA LARGAESPADA, MARTHA Name: Name: 5210 NW 5TH STREET 5210 NW 5TH STREET Address: Address: City-St-Zip: MIAMI, FL 33126 US City-St-Zip: MIAMI, FL 33126 US

Title: SEC () Delete Title: DV (X) Change () Addition PERRY, JENNIFER PERRY, JENNIFER Name: Name:

Address: 18683 MARLIN ROAD (107TH AVE) Address: 18683 MARLIN ROAD (107TH AVE)

City-St-Zip: City-St-Zip: MIAMI, FL 33157 US MIAMI, FL 33157 US

I hereby certify that the information supplied with this filing does not qualify 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: MIKE MOHAMMAD DP 04/29/2008