2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000040383

Entity Name: MIAMI SCRUBS, INC

FILED Mar 30, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

10356 SW 187 STREET 698 N. HOMESTEAD BLVD. MIAMI, FL 33157

#103

HOMESTEAD, FL 33030 US

Current Mailing Address: New Mailing Address:

10354 SW 187TH STREET 698 N. HOMESTEAD BLVD.

MIAMI, FL 33157 #103

HOMESTEAD, FL 33030 US

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

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

MOHAMMAD, SHAMIM S ANGENE, JEANETTE 10354 SW 187 STREET 8831 SW 152ND STREET PALMETTO BAY US CUTLER BAY, FL 33157 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: JEANETTE ANGENE 03/30/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: DPST (X) Change () Addition ANGENE, JEANETTE ANGENE, JEANETTE Name: Name:

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

Title: DP Title: DV (X) Change () Addition () Delete MOHAMMAD, SHAMIM S Name: Name: ANGENE, BENNY

10354 SW 187TH STREET 8831 SW 152 STREET Address: Address: MIAMI, FL 33157 US PALMETTO BAY, FL 33157 US City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

LARGAESPADA, MARTHA Name: Name: 5210 NW 5TH STREET Address: Address: City-St-Zip: MIAMI, FL 33126 US City-St-Zip:

Title: DV (X) Delete Title: () Change () Addition

PERRY, JENNIFER Name: Name: Address: 18683 MARLIN ROAD (107TH AVE) Address: City-St-Zip: MIAMI, FL 33157 US City-St-Zip:

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: JEANETTE ANGENE **DPST** 03/30/2009