

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000058685

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: E. RAMIREZ NURSING PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

21480 SW 90TH COURT  
MIAMI, FL 33189 US

**New Principal Place of Business:**

**Current Mailing Address:**

21480 SW 90TH COURT  
MIAMI, FL 33189 US

**New Mailing Address:**

FEI Number: 20-4791387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RAMIREZ, EDGAR  
21480 SW 90TH COURT  
MIAMI, FL 33189 US

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

BASILIO, JOSE D  
1414 NW 107 AVE  
206  
MIAMI, FL 33172 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: JOSE D. BASILIO

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RAMIREZ, EDGAR  
Address: 21480 SW 90TH COURT  
City-St-Zip: MIAMI, FL 33189

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: EDGAR RAMIREZ

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date