2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P07000131074

Entity Name: MIAMI NURSING UNLIMITED, INC.

Current Principal Place of Business:

15715 SOUTH DIXIE HIGHWAY
SUITE 101
PALMETTO BAY, FL 33157 US

New Principal Place of Business:

12285 SW 136 AVE
SUITE 202
MIAMI, FL 33186 US

Current Mailing Address:

15715 SOUTH DIXIE HIGHWAY
SUITE 101
PALMETTO BAY, FL 33157 US

New Mailing Address:

12285 SW 136 AVE
SUITE 202
MIAMI, FL 33186 US

FEI Number: 26-1551813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEREAO, INGRID
6051 SW 159 CT
MIAMI, FL 33193 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BEREAO, INGRID
Address: 6051 SW 159 CT
City-St-Zip: MIAMI, FL 33193

Title: VP ( ) Delete
Name: GONZALEZ, ERNESTO R
Address: 6051 SW 159 CT
City-St-Zip: MIAMI, FL 33193

Title: S ( ) Delete
Name: ARGUDIN, ANA M
Address: 14253 SW 101 LN
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: ERNESTO GONZALEZ VP 04/28/2009

Electronic Signature of Signing Officer or Director Date