

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000037333

FILED
Mar 16, 2005
Secretary of State

Entity Name: A EVE'S CLINIC & REFERRAL SERVICE, INC.

Current Principal Place of Business:

3900 NW 79TH AVENUE
SUITE 575
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

3900 NW 79TH AVENUE
SUITE 575
MIAMI, FL 33166

New Mailing Address:

FEI Number: 65-0507163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOOKBINDER, KAREN
3900 NW 79TH AVE
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

BOOKBINDER, KAREN
3900 NW 79TH AVE
575
MIAMI, FL 33166 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: KAREN BOOKBINDER

03/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOOKBINDER, KAREN
Address: 3900 NW 79TH AVE
City-St-Zip: MIAMI, FL 33166

Title: S () Delete
Name: BOOKBINDER, KAREN
Address: 3900 NW 79TH AVE
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: KAREN BOOKBINDER

P

03/16/2005

Electronic Signature of Signing Officer or Director

Date