

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P94000037333

1. Entity Name

A EVE'S CLINIC & REFERRAL SERVICE, INC.



FILED

2006 OCT 23 PM 12:17

SECRETARY OF STATE



REINSTATEMENT 06

Principal Place of Business

3900 NW 79TH AVENUE
SUITE 575
MIAMI FL 33166

Mailing Address

3900 NW 79TH AVENUE
SUITE 575
MIAMI FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0507163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BOOKBINDER, KAREN
STREET ADDRESS 3900 NW 79TH AVE
CITY- ST- ZIP MIAMI FL 33166

☐ Change ☐ Addition
100080385141
10/03/06--01018--008 **\$550.00

TITLE S ☐ Delete
NAME BOOKBINDER, KAREN
STREET ADDRESS 3900 NW 79TH AVE
CITY- ST- ZIP MIAMI FL 33166

☐ Change ☐ Addition
100080385141
10/23/06--01019--021 **\$200.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 591-2288

Date

Daytime Phone #