


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000060379			
1. Entity Name FLORIDA INTERNATIONAL ASSOCIATION OF PHLEBOTOMY TECHNICIANS, INC.			
Principal Place of Business 6489 SW 8 ST MIAMI FL 33144		Mailing Address P.O. BOX 440792 MIAMI FL 33144-3744 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ALCURIA, ARMANDO L 6489 SW 8 ST MIAMI FL 33144		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALCURIA, ARMANDO L 651 SW 65 AVE MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000047432 02/12/04-80039-023 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALCURIA, ARGELIA M 651 SW 65 AVE MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000047432 02/12/04-80039-024 8.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



MOORE CR2E034 (11/03)

4. FEI Number 65-0602072 ☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Armando Alcuria ARMANDO ALCURIA 02-07-04 - 305-264-4941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #