

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 08, 2006 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**



02052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0602072	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ALCURIA, ARMANDO L
6489 SW 8 ST
MIAMI, FL 33144**

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000424884
02/18/06-80069-008 8.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALCURIA, ARMANDO L 651 SW 65 AVE MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALCURIA, ARGELIA M 651 SW 65 AVE MIAMI, FL 33144
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000424884
02/18/06-80069-009 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-06

Date

305-264-4972

Daytime Phone #