

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 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**



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0602072

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000614365
02/06/07-80024-017 150.00

**DO NOT WRITE
IN THIS SPACE**

U00000614365
02/06/07-80024-018

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 a duly authorized 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 on the report, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Armando L. Alcuria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARMANDO L. ALCURIA

01-24-2007-

Date