

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011445

Entity Name: ALL FEMALE HEALTH CARE, INC.

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

8890 WEST OAKLAND PARK BLVD
102
FORT LAUDERDALE, FL 33351

New Principal Place of Business:

Current Mailing Address:

8890 WEST OKLAND PARK BLVD.
SIUTE 102
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-0725514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAVID, SAFIEH
4022 SOUTH CYPRESS DRIVE
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JAVID, SAFIEH
Address: 4022 SOUTH CYPRESS DRIVE
City-St-Zip: POMPANO BEACH, FL 33069

Title: D () Delete
Name: BELADI, SAREH
Address: 4022 SOUTH CYPRESS DRIVE
City-St-Zip: POMPANO BEACH, FL 33069

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 exemption stated 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 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: SAFIEH JAVID

DIR

04/24/2008

Electronic Signature of Signing Officer or Director

Date