
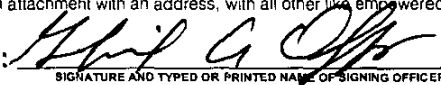


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2006 8:00 am**  
**Secretary of State**

01-26-2006 90030 029 \*\*\*158.75

<b>DOCUMENT # P99000050299</b> 1. Entity Name <b>PREFERRED PROVIDERS GROUP, INC.</b>					
Principal Place of Business <b>P.O. BOX 558728 MIAMI, FL 33255</b>			Mailing Address <b>P.O. BOX 558728 MIAMI, FL 33255</b>		
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 <b>65-0923941</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required -				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DELGADO, GABRIEL A 12110 SW 105 TER MIAMI, FL 33186</b>			7. Name and Address of New Registered Agent Name <b>Gabriel A. Delgado</b> Street Address (P.O. Box Number is Not Acceptable) <b>8235 S.W 92 ST</b> City <b>miami</b> FL Zip Code <b>33156</b>		
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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	P DELGADO, GABRIEL A 12110 SW 105 TER MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GABRIEL A. DELGADO 8235 S.W 92 ST miami FL 33156	<input checked="" 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
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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
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: 			1/18/06 (305) 251-2788		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		