

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V47903

FILED
Feb 21, 2006
Secretary of State

Entity Name: ALLIED SPECIALTY CARE INC.

Current Principal Place of Business:

2140 NW 18TH AVENUE
MIAMI, FL 33015

New Principal Place of Business:

16850-112 COLLINS AVE
413
SUNNY ISLES, FL 33160

Current Mailing Address:

2140 NW 18TH AVENUE
MIAMI, FL 33015

New Mailing Address:

16850-112 COLLINS AVE
413
SUNNY ISLES, FL 33160

FEI Number: 65-0351509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, MARIA D
2140 NW 18TH AVENUE
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

RODRIGUEZ, MARIA D
16850-112 COLLINS AVE
413
SUNNY ISLES, FL 33160 US

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: MARIA RODRIGUEZ

02/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: RODRIGUEZ, MARIA D
Address: 2140 NW 18TH AVENUE
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: RODRIGUEZ, MARIA D
Address: 16850-112 COLLINS AVE
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIA RODRIGUEZ

DPST

02/21/2006

Electronic Signature of Signing Officer or Director

Date