


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90086 015 ***150.00

DOCUMENT # F62227	
1. Entity Name BIOMEDICAL INTERNATIONAL CORP.	

Principal Place of Business 4896 SW 74 CT MIAMI, FL 33155	Mailing Address 4896 SW 74 CT MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2163108	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BORGES, JUAN R. 4896 SW 74 CT MIAMI, FL 33155	
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS BORGES, JUAN R 4896 SW 74 CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BORGES, JUAN R 4896 SW 74 CT MIAMI, FL
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Juan R. Borges</u>	Date: <u>03/03/05</u>	Daytime Phone #: <u>305-669-1010</u>
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