

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000008112

**FILED**  
**May 03, 2004**  
**Secretary of State****Entity Name:** CARDIOLOGICAL SCIENTIFIC FOUNDATION OF PARAGUAY, INC.**Current Principal Place of Business:**2917 N.W. 82ND AVENUE  
MIAMI, FL 33122**New Principal Place of Business:****Current Mailing Address:**2917 N.W. 82ND AVENUE  
MIAMI, FL 33122**New Mailing Address:****FEI Number:** 26-0020514**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**DUARTE, MANUEL J  
2917 N.W. 82ND AVENUE  
MIAMI, FL 33122**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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EBNER, ADRIAN  
Address: BRASILIA ESQ. INSAURALDE NIVEL 3  
City-St-Zip: ASUNCION PARAGUAY,

Title: VTD ( ) Delete  
Name: DUARTE, MANUEL J  
Address: 2917 N.W. 82ND AVENUE  
City-St-Zip: MIAMI, FL 33122

Title: SD ( ) Delete  
Name: WARNER, KENNETH ESQ.  
Address: 814 PONCE DE LEON SUITE 501  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL DUARTE

VTD

05/03/2004

Electronic Signature of Signing Officer or Director

Date