

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008112

FILED
Apr 18, 2007
Secretary of State

Entity Name: CARDIOLOGICAL SCIENTIFIC FOUNDATION OF PARAGUAY, INC.

Current Principal Place of Business:

2917 N.W. 82ND AVENUE
DORAL, FL 331221037 US

New Principal Place of Business:

Current Mailing Address:

2917 N.W. 82ND AVENUE
DORAL, FL 331221037 US

New Mailing Address:

FEI Number: 26-0020514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUARTE, MANUEL J
2917 N.W. 82ND AVENUE
DORAL, FL 331221037 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

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: DORAL, FL 33122

Title: SD () Delete
Name: WARNER, KENNETH ESQ.
Address: 5201 BLUE LAGOON DRIVE, SUITE 800
City-St-Zip: MIAMI, FL 33126

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 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 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

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date