

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66381

FILED
Apr 01, 2004
Secretary of State

Entity Name: BIO-MEDICAL WASTE SERVICES, INC.

Current Principal Place of Business:

8285 N.W 64TH STREET
BAY #5
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 52-7941
MIAMI, FL 331527941

New Mailing Address:

FEI Number: 65-0271958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DIAZ, GEORGE P
9211 SUNSET DRIVE #104
MIAMI, FL 33173 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: AGUILAR, JUAN C
Address: 8285 N.W. 64 ST. #5
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: AGUILAR, RAFAEL J
Address: 8285 NW 64 ST, #5
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: AGUILAR, JUAN C
Address: 8285 N.W. 64 ST. #5
City-St-Zip: MIAMI, FL 33144

Title: P (X) Change () Addition
Name: AGUILAR, RAFAEL J
Address: 14437 S.W. 12 LANE
City-St-Zip: MIAMI, FL 33184

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

SIGNATURE: RAFAEL J. AGUILAR

P

04/01/2004

Electronic Signature of Signing Officer or Director

_____ Date