

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66381

FILED  
Apr 28, 2005  
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 33144

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

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

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 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

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date