



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90057 030 ***158.75

| | | | |
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| DOCUMENT # H53419 | |  | |
| 1. Entity Name DIAMEDIX CORPORATION | | | |
| Principal Place of Business 2140 NORTH MIAMI AVE ATTN: DUANE STEELE MIAMI, FL 33127 | | Mailing Address 2140 NORTH MIAMI AVE ATTN: DUANE STEELE MIAMI, FL 33127 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 01052005 Chg-P CR2E034 (10/03) | |
| | | 4. FEI Number 59-2536113 | |
| | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| RUBIN, STEVEN D 4400 BISCAYNE BLVD. MIAMI, FL 33137 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | COPD D'URSO, GIORGIO <input type="checkbox"/> Delete 2140 N. MIAMI AVE. MIAMI, FL 33127 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STIRLING, LYNNE PH.D <input type="checkbox"/> Delete 2140 N. MIAMI AVE MIAMI, FL 33127 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCOO STEELE, DUANE <input type="checkbox"/> Delete 2140 N. MIAMI AVE MIAMI, FL 33127 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VFST DEUTSCH, MARK <input type="checkbox"/> Delete 2140 NORTH MIAMI AVE MIAMI, FL 33127 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VFST DEUTSCH, MARK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2140 NORTH MIAMI AVENUE MIAMI, FL 33127 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP - SALES EARL RAY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2140 NORTH MIAMI AVENUE MIAMI, FLORIDA 33127 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: x <u>Mark Deutsch</u>  | | Date: 01/19/2005 305-324-2300 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |