## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT FILED** Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # K09679 1. Entity Name HOSPITECHNIK AMERICANA INC. \* Principal Place of Business Mailing Address 9305 SW 77TH AVE 9305 SW 77TH AVE SUITE 440 SUITE 440 MIAMI, FL 33156 MIAMI, FL 33156 No Chg-P CR2E034 (10/03) 04232004 Applied For 4. EEI Number 65-0027414 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DE CARVALHO, JOSE H DR 9305 SW 77TH AVE SUITE 440 MIAMI, FL 33156 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. Signature, lyped or ortifted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000132292 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE DE CARVALHO, JOSE H DR. NAME 9305 SW 77TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33156 TITLE NAME STREET ADDRESS CITY-ST-ZIP HILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP шш

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 supplimental 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

SIGNATURE:

NAME STREET ADDRESS CITY-SI-ZIP

Daytime Phone #