

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L95905
 1. Entity Name
 BONILLA, LAGOS-ARMAS FOUNTAINEBLEAU MEDICAL, INC.



Principal Place of Business: 8370 WEST FLAGLER ST. STE 232 MIAMI, FL 33144 US
 Mailing Address: 8370 WEST FLAGLER ST. STE 232 MIAMI, FL 33144 US

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02252004 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0219662 Applied For / Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 LAGOS-ARMAS, RAUL
 9311 S.W. 123RD AVENUE
 MIAMI, FL

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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: _____ (NOTE: Registered Agent signature required when registering) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000078415
 03/08/04-80025-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	BONILLAS, SERGIO
STREET ADDRESS	18180 S.W. 83RD CT.
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	LAGOS-ARMAS, RAUL
STREET ADDRESS	9311 S.S. 123RD AVE.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Raul Lagos-Armas RAUL LAGOS-ARMAS 2/26/04 (305) 223-6002
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #