



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # M13885</b> 1. Entity Name <b>MED SCAN INTERNATIONAL, INC.</b>	
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Principal Place of Business <b>2585 NW 74TH AVENUE MIAMI, FL 33122</b>	Mailing Address <b>2585 NW 74TH AVENUE MIAMI, FL 33122</b>
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**DO NOT WRITE IN THIS SPACE**

**FILED**  
**05 FEB -7 PM 1:04**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2535976</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DEL RIO PEREZ, LAURA  
2585 NW 74TH AVENUE  
MIAMI, FL 33122**

**DO NOT WRITE  
IN THIS SPACE**

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: LAURA DEL RIO PEREZ 1/28/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when certifying) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, MANUEL 2585 NW 74TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DEL RIO PEREZ, LAURA 2585 NW 74TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**200047017422**  
**02/22/05--01005--020 \*\*150.00**

**200047017422**  
**02/22/05--01005--021 \*\*8.75**

**DO NOT WRITE  
IN THIS SPACE**

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: Manuel Perez 1/28/05 305-594-9060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #