2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M21569

City-St-Zip:

MIAMI BCH, FL

Entity Name: CARDIO-SERVICES, INC.

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
ADAMS BI	ERIDIAN AVE LDG/STE 500 ACH, FL 33140	ס			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
900 BAY D APT 104 MIAMI BEA	DR ACH, FL 3314	1			
FEI Number	: 59-2584249	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
SLAVIN, B 400 ARTH		′ ROAD, SUITE 508			
- MIAMI BEA	ACH, FL 33140) US			
The above in the State	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	7SD () SLAVIN, BONIT 900 BAY DR. # MIAMI BCH, FL	104	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () SLAVIN, AMAN 900 BAY DR. # MIAMI BCH, FL	104	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VD () SLAVIN, ADAM 900 BAY DR.#	•	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: BONITA H. SLAVIN PRES 04/26/2005