


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N11827	
1. Entity Name FLORIDA ASSOCIATION OF MEDICAL TECHNOLOGISTS CORP.	

Principal Place of Business C/O ENRIQUE DE GRANDA 9220 S.W. 67TH STREET MIAMI, FL 33173	Mailing Address C/O ENRIQUE DE GRANDA 9220 S.W. 67TH STREET MIAMI, FL 33173
---	---



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2816088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DE GRANDA, ENRIQUE 9220 S.W. 67TH STREET MIAMI, FL 33173	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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000089912

03/15/04-80008-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GUETHON,, JOSE 11001 S.W. 42ND TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DE GRANDA, ENRIQUE 9220 SW 67TH STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE GRANDA, MAGALY 9220 SW 67TH STREET MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 19.07(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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Enrique De Granda

3/12/04 305-596-4124