


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # N11827 1. Entity Name FLORIDA ASSOCIATION OF MEDICAL TECHNOLOGISTS CORP.	
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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
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DO NOT WRITE IN THIS SPACE

03142008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent DE GRANDA, ENRIQUE 9220 S.W. 67TH STREET MIAMI, FL 33173
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>	DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
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
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<p>U00000868828 04/09/08-80025-012 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Enrique De Granda</i> ENRIQUE DE GRANDA	3/20/08	306-596-0558
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>