


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N40470</b> 1. Entity Name FLORIDA INTERNATIONAL MEDICAL ASSOCIATION INC.	
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Principal Place of Business 12493 SW 9 STREET MIAMI, FL 33165	Mailing Address 12493 SW 9TH ST MIAMI, FL 33184 US
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**DO NOT WRITE IN THIS SPACE**



03092004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0239795	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  SAUD, MELBA P. 12493 SW 9TH ST MIAMI, FL 33184
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**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 re-registering.)

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000089274 03/15/04 80086 002 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIGARROA, MIRIAM 8760 SW 133RD AVENUE ROAD, APT. 218 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOZANO, RAUL 600 E. 45 ST. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPV SAUD, ANTONIO 3630 SW 87 PL. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PERAZA, LUCIA N 470 WEST 38TH PLACE HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D QUINTANA, JOSE 600 E. 45 ST. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POMARES, CARLOS 2761 SW 7 ST. MIAMI, FL

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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)(f), 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:** 3/11/04 **Daytime Phone #:** 305-559-9744