


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90054 020 \*\*\*150.00

|   |  |  |   |   |                                      |
|---|--|--|---|---|--------------------------------------|
| <b>DOCUMENT # N40470</b>  |  |  |   |                |                                      |
| 1. Entity Name<br>FLORIDA INTERNATIONAL MEDICAL ASSOCIATION INC.  |  |  |   |   |                                      |
| Principal Place of Business<br>12493 SW 9 STREET<br>MIAMI, FL 33185 33184   |  | Mailing Address<br>12493 SW 9TH ST<br>MIAMI, FL 33184 US                         |   |   |                                      |
| 2. Principal Place of Business<br><b>SAME</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>SAME</b><br>Suite, Apt. #, etc.                         |   |   |                                      |
| City & State  |  | City & State   |   | 4. FEI Number<br>65-0239795<br>Applied For<br>Not Applicable                                    |                                      |
| Zip   | Country                                      | Zip  | Country   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                      |
| 6. Name and Address of Current Registered Agent<br><br>SAUD, MELBA P.<br>12493 SW 9TH ST<br>MIAMI, FL 33184   |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |   |                                      |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |   |   |                                      |
| <b>Filing Fee is \$61.25 Due by May 1, 2005</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |                                      |
| <b>Make check payable to Florida Department of State</b>  |  |  |   |   |                                      |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |                                      |
| TITLE   | D <input type="checkbox"/> Delete            | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                      |
| NAME  | SIGARROA, MIRIAM                             | NAME   |   |   |                                      |
| STREET ADDRESS  | 8760 SW 133RD AVENUE ROAD, APT. 218          | STREET ADDRESS   |   |   |                                      |
| CITY-ST-ZIP   | MIAMI, FL                                    | CITY-ST-ZIP  |   |   |                                      |
| TITLE   | D <input type="checkbox"/> Delete            | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |                                      |
| NAME  | LOZANO, RAUL                                 | NAME   |   |   |                                      |
| STREET ADDRESS  | 600 E. 45 ST.                                | STREET ADDRESS   |   |   |                                      |
| CITY-ST-ZIP   | HIALEAH, FL                                  | CITY-ST-ZIP  |   |   |                                      |
| TITLE   | DPV <input type="checkbox"/> Delete          | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |   |                                      |
| NAME  | SAUD, ANTONIO                                | NAME   | SAUD, ANTONIO   |   |                                      |
| STREET ADDRESS  | 3630 SW 87 PL.                               | STREET ADDRESS   | 12493 S.W. 9th Street   |   |                                      |
| CITY-ST-ZIP   | MIAMI, FL                                    | CITY-ST-ZIP  | Miami, FL 33184   |   |                                      |
| TITLE   | D <input type="checkbox"/> Delete            | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                      |
| NAME  | PERAZA, LUCIA N                              | NAME   |   |   |                                      |
| STREET ADDRESS  | 470 WEST 38TH PLACE                          | STREET ADDRESS   |   |   |                                      |
| CITY-ST-ZIP   | HIALEAH, FL                                  | CITY-ST-ZIP  |   |   |                                      |
| TITLE   | D <input checked="" type="checkbox"/> Delete | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                      |
| NAME  | QUINTANA, JOSE                               | NAME   |   |   |                                      |
| STREET ADDRESS  | 600 E. 45 ST.                                | STREET ADDRESS   |   |   |                                      |
| CITY-ST-ZIP   | HIALEAH, FL                                  | CITY-ST-ZIP  |   |   |                                      |
| TITLE   | D <input type="checkbox"/> Delete            | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |                                      |
| NAME  | POMARES, CARLOS                              | NAME   |   |   |                                      |
| STREET ADDRESS  | 2761 SW 7 ST.                                | STREET ADDRESS   |   |   |                                      |
| CITY-ST-ZIP   | MIAMI, FL                                    | CITY-ST-ZIP  |   |   |                                      |
| 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 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>X [Signature]</i>   |  |  | Date: <i>3/16/05</i>  |   | Daytime Phone #: <i>305-559-9744</i> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  |   |   |                                      |

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