

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015766

Entity Name: C.A.P. MEDICAL , INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

2579 N FORSYTH RD
STE A
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

2579 N FORSYTH RD
STE A
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 59-3628782 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, MARITZA
2579 N FORSYTH RD
STE A
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEDINA, MARITZA
Address: 2579 N FORSYTH RD, STE A
City-St-Zip: ORLANDO, FL 32807

Title: D () Delete
Name: MEDINA, LINDA
Address: 2579 N. FORSYTH RD, SUITE A
City-St-Zip: ORLANDO, FL 32807 US

Title: D () Delete
Name: RODRIGUEZ, MAX
Address: 2579 N. FORSYTH RD, SUITE A
City-St-Zip: ORLANDO, FL 32807 US

Title: D () Delete
Name: GONZALEZ, HILDA
Address: 2579 N. FORSYTH RD, SUITE A
City-St-Zip: ORLANDO, FL 32807 US

Title: D (X) Delete
Name: MEDINA, IVAN
Address: 2579 N. FORSYTH RD, SUITE A
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MEDINA, MARITZA
Address: 2579 N FORSYTH RD, STE A
City-St-Zip: ORLANDO, FL 32807

Title: VP (X) Change () Addition
Name: RODRIGUEZ, MAXIMO
Address: 2579 N. FORSYTH RD, SUITE A
City-St-Zip: ORLANDO, FL 32807 US

Title: D (X) Change () Addition
Name: MEDINA, ARLE
Address: 2579 N. FORSYTH RD, SUITE A
City-St-Zip: ORLANDO, FL 32807 US

Title: SEC (X) Change () Addition
Name: GONZALEZ, HILDA
Address: 2579 N. FORSYTH RD, SUITE A
City-St-Zip: ORLANDO, FL 32807 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MAXIMO RODRIGUEZ

VP

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date