

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000017727

1. Entity Name  
BELTWAY MEDICAL, INC.



Principal Place of Business  
11899 S.W. 72 TERRACE  
MIAMI, FL 33183

Mailing Address  
11899 S.W. 72 TERRACE  
MIAMI, FL 33183



04132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0990529

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

RODRIGUEZ, MANUEL  
11899 SW 72ND TERRACE  
MIAMI, FL 33183-3703

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when revalidating) DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	RODRIGUEZ, MANUEL E
STREET ADDRESS	11899 SW 72 TERR
CITY- ST- ZIP	MIAMI, FL 33183
TITLE	VP
NAME	RODRIGUEZ, LEONOR C
STREET ADDRESS	11899 SW 72ND TERRACE
CITY- ST- ZIP	MIAMI, FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

UC0000142035  
04-30-04-00047-013 150.00

**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 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 607, 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

Manuel Rodriguez

Date

Daytime Phone #

4/23/04