


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000102178**

1. Entity Name  
**A. AND A. ORTHOPEDICS, INC.**



Principal Place of Business  
**750 FLAGAMI BLVD.  
MIAMI, FL 33144**

Mailing Address  
**P O BOX 441645  
MIAMI, FL 33144**

**DO NOT WRITE IN THIS SPACE**



03182004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1068492**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**UGARTE, MIGUEL  
750 FLAGAMI BLVD.  
MIAMI, FL 33144**

**DO NOT WRITE IN THIS SPACE**

7. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reappointing)

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

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD UGARTE, MIGUEL 750 FLAGAMI BLVD. MIAMI, FL 33144</b>
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**DO NOT WRITE IN THIS SPACE**

000000097334  
03/26/04-80035-009 150.00

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 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:** Miguel Ugarte **3/24/04** **200222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

*Miguel Ugarte*