

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000116467

FILED
Jan 11, 2005
Secretary of State

Entity Name: CYCLOTEC ADVANCED MEDICAL TECHNOLOGIES, INC.

Current Principal Place of Business:

4871 NW 65TH AVENUE
LAUDERHILL, FL 33319

New Principal Place of Business:

Current Mailing Address:

2021 TYLER STREET
C/O ABRAMS ANTON P.A.
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 59-3694953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, ALAN B ESQ
2021 TYLER STREET
HOLLYWOOD, FL 33020 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: DPST () Delete
Name: MICHELSON, STEPHEN A
Address: 4871 NW 65TH AVENUE
City-St-Zip: LAUDERHILL, FL 33319

Title: D () Delete
Name: COHN, ALAN
Address: 2021 TYLER STREET
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: FAKHOURY, JAMAL;
Address: 4871 NW 65 AVENUE
City-St-Zip: HOLLYWOOD, FL 33319

Title: D () Delete
Name: MANNHEIMER, JEFFREY
Address: 4871 NW 65 AVENUE
City-St-Zip: HOLLYWOOD, FL 33319

Title: D () Delete
Name: GOLDMAN, MICHAEL
Address: 4871 NW 65 AVENUE
City-St-Zip: HOLLYWOOD, FL 33319

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: FAKHOURY, JAMAL
Address: 4871 NW 65 AVENUE
City-St-Zip: HOLLYWOOD, FL 33319

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

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

Title: D () Change (X) Addition
Name: CLARKE, BOB
Address: 4871 NW 65 AVENUE
City-St-Zip: HOLLYWOOD, FL 33319

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: ALAN B. COHN

D

01/11/2005

Electronic Signature of Signing Officer or Director

_____ Date