2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000001380

Entity Name: CARDIOLAB MOBILE INC.

FILED Mar 14, 2008 Secretary of State

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principa	al Place of Business:	New Principal Place of Business:

1801 SW 3 AVENUE THE PLAZA BUILDING, 245 SE 1ST **6TH FLOOR**

SUITE 311 MIAMI, FL 33129 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

1801 SW 3 AVENUE THE PLAZA BUILDING, 245 SE 1ST

6TH FLOOR SUITE 311

MIAMI, FL 33129 US MIAMI, FL 33131 US

FEI Number: 65-1066584 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAW OFFICES OF MIGUEL SAN PEDRO LAW OFFICES OF MIGUEL SAN PEDRO 1801 SW 3 AVENUE THE PLAZA BUILDING, 245 SE 1ST **6TH FLOOR**

MIAMI, FL 33129 US MIAMI, FL 33131 US

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: MIGUEL SAN PEDRO, ESQ. 03/14/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

VILLAR, ADELA MARGARITA, ROSA Name: Name: 1801 SW 3RD AVENUE, 6TH FLOOR THE PLAZA BUILDING, 245 SE 1ST, SUITE 311 Address: Address:

City-St-Zip: MIAMI, FL 33129 US City-St-Zip: MIAMI, FL 33131 US

Title: Title: () Delete (X) Change () Addition MARGARITA, ROSA MASSON, RUBEN Name: Name:

1801 SW 3RD AVENUE, 6TH FLOOR THE PLAZA BUILDING, 245 SE 1ST, SUITE 311 Address: Address:

MIAMI, FL 33131 US MIAMI, FL 33129 US City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change (X) Addition

Name: GOMEZ, ALEJANDRO Name:

THE PLAZA BUILDING, 245 SE 1ST, SUITE 311 Address Address:

City-St-Zip: City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROSA MARGARITA PD 03/14/2008