2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# P01000021565

Entity Name: HEALTH SHIELD, INC.

Current Principal Place of Business:

1513 SW S. TERRACE
MIAMI, FL 33185

New Principal Place of Business:

7951 SW 40TH STREET
206
MIAMI, FL 33155

Current Mailing Address:

1513 SW S. TERRACE
MIAMI, FL 33185

New Mailing Address:

7951 SW 40TH STREET
206
MIAMI, FL 33155

FEI Number: 65-1087257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VARON, AICARDO
15613 SW S. TERRACE
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

VARON, AICARDO
7951 SW 40TH STREET
206
MIAMI, FL 33155 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: AV 04/14/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VARON, AICARDO DR.
Address: 1101 BRICKELL AVENUE SUITE 1100
City-St-Zip: MIAMI, FL 33131

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: VARON, AICARDO DR.
Address: 7951 SW 40TH STREET, STE 206
City-St-Zip: MIAMI, FL 33155

Title: S/D ( ) Change (X) Addition
Name: DEVARON, FABIOLA C
Address: 7951 SW 40TH STREET, STE 206
City-St-Zip: MIAMI, FL 33155

Title: VP/D ( ) Change (X) Addition
Name: VARON, FELIPE
Address: 7951 SW 40TH STREET, STE 206
City-St-Zip: MIAMI, FL 33155

Title: T/D ( ) Change (X) Addition
Name: VARON, ADRIANA
Address: 7951 SW 40TH STREET, STE 206
City-St-Zip: MIAMI, FL 33155

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: AV P 04/14/2005
Electronic Signature of Signing Officer or Director Date