

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000035298

FILED
Apr 21, 2004
Secretary of State

Entity Name: ANDROMEDICAL USA, INC.

Current Principal Place of Business:

502 28 STREET
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

502 28 STREET
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-1089683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, XAVIER
502 28 STREET
WEST PALM BEACH, FL 33407

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: PD () Delete
Name: GARCIA, XAVIER
Address: 502 28 STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VD () Delete
Name: GARCIA, JOAQUIN
Address: 502 28 STREET
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: XAVIER GARCIA

PD

04/21/2004

Electronic Signature of Signing Officer or Director

Date