


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000087392 1. Entity Name MASTERS ORTHOPEDICS, INC	
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Principal Place of Business 780 N.W. 42 AVENUE SUITE #7 MIAMI, FL 33126 US	Mailing Address 780 N.W. 42 AVENUE SUITE #7 MIAMI, FL 33126 US
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DO NOT WRITE IN THIS SPACE



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1135800	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FOJO, PATRICIA
780 N.W. 42 AVENUE
SUITE #7
MIAMI, FL 33126**

**DO NOT WRITE
IN THIS SPACE**

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FOJO, PATRICIA 780 NW 42 AVENUE, SUITE 7 MIAMI, FL 33126
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IN THIS SPACE**

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04/25/05-80129-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____