

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2002 8:00 am
Secretary of State

05-13-2002 90096 009 ***150.00

DOCUMENT # **P-010000 896-84**
1. Entity Name
**JDM MEDICAL RESEARCH CORP.
INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
427 GOLDEN ISLES DR
Suite, Apt. #, etc.
66

3. Mailing Address
427 GOLDEN ISLES DR.
Suite, Apt. #, etc.
66

City & State
HAILANDALE BEACH

Zip
33009

Country
U.S.A.

City & State
FLORIDA (HAILAND BEACH)

Zip
33009

Country
U.S.A.

4. FEI Number
65-1139938

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

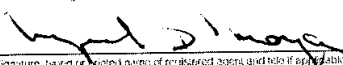
7. Name and Address of Current Registered Agent

Name
MIGUEL DE MOYA

Street Address (P.O. Box Number is Not Acceptable)
427 GOLDEN ISLES DR. # 66

City
HAILANDALE FL Zip Code
33009

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.

SIGNATURE  DATE **4/24/02**

Signature: Typed or Printed name of registered agent, and also if applicable, (NOTE: Registered Agent signature is required when new listing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so: (See criteria on back)


January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		
TITLE DIRECTOR / PRESIDENT	NAME MIGUEL DE MOYA	TITLE DIRECTOR / PRESIDENT
STREET ADDRESS 427 Golden Isles DR #66	STREET ADDRESS 427 Golden Isles DR #66	STREET ADDRESS 427 Golden Isles DR #66
CITY-ST-ZIP FLORIDA 33009 (HAILANDALE)	CITY-ST-ZIP FLORIDA 33009 (HAILANDALE)	CITY-ST-ZIP FLORIDA 33009 (HAILANDALE)
TITLE	NAME	TITLE
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **4/24/02** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)