2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# P01000090638

Entity Name: TECNOMED J. TRAPP CORPORATION

Current Principal Place of Business:

2800 GLADES CIRC.
SUITE E-102
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

2800 GLADES CIRC.
SUITE E-102
WESTON, FL 33327

New Mailing Address:

11904 MIRAMAR PKWY
MIRAMAR, FL 33025

FEI Number: 65-1142333 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIOS, LEOPOLDO
2800 GLADES CIRC.
E-102
WESTON, FL 33327 US

Name and Address of New Registered Agent:

RIOS, LEOPOLDO
11904 MIRAMAR PKWY
MIRAMAR, FL 33025 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: RIOS LEOPOLDO 01/14/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DE GAKNERAS, MARIA K
Address: 8180 NW 36 ST STE 100
City-St-Zip: MIAMI, FL 33166

Title: VPD ( ) Delete
Name: OLTUSKA, MANUEL G
Address: 8180 NW 36 ST STE 100
City-St-Zip: MIAMI, FL 33166

Title: TD ( ) Delete
Name: DE RODRIGUEZ, SANDRA G
Address: 8180 NW 36 ST STE 100
City-St-Zip: MIAMI, FL 33166

Title: D ( ) Delete
Name: TRAPP SCHULZ, CARMEN S
Address: 8180 NW 36 ST STE 100
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: DE GAKNERAS MARIA P 01/14/2008
Electronic Signature of Signing Officer or Director Date