
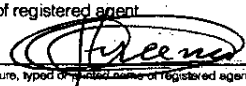
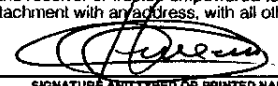


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90184 021 \*\*\*158.75

<b>DOCUMENT # P01000091918</b>					
1. Entity Name <b>CENTRO INVESTIGATIVO DE MEDICINA ALTERNATIVA, INC.</b>					
Principal Place of Business <b>2687 S.W. 25TH TERRACE MIAMI, FL 33133</b>			Mailing Address <b>2687 S.W. 25TH TERRACE MIAMI, FL 33133</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-1149358</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DIAZ, PEDRO M 2687 S.W. 25TH TERRACE MIAMI, FL 33133</b>			Name <b>HUGO E CEPEDA -</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>2687 SW 25TH TERRACE</b>		
			City <b>Miami</b> <b>FL</b> Zip Code <b>33133</b>		
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  <b>HUGO E CEPEDA -</b> DATE <b>4-27-04</b>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, PEDRO M		NAME		
STREET ADDRESS	7933 WEST DR., #921		STREET ADDRESS		
CITY - ST - ZIP	NORTH BAY VILLAGE, FL 33141		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CEPEDA, HUGO E		NAME		
STREET ADDRESS	248 NW 106TH AVE.		STREET ADDRESS		
CITY - ST - ZIP	PEMBROKE PINES, FL 33026		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLOWAY, CARMELA		NAME		
STREET ADDRESS	8635 NW 8TH ST., #406		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33126		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MURGUIDO, MARIO J		NAME		
STREET ADDRESS	590 SW 5TH AVE. #4		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33130		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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 any address, with all other like empowered.					
SIGNATURE:  <b>HUGO E CEPEDA</b>			4-27-04 (305) 8586922		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		