2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004
Secretary of State

DOCUMENT# P01000105548

Entity Name: EMM SAL MEDICAL, INC.

Current Principal Place of Business:

3237 SW
PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

3237 SW
PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-1150193 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALVANT, EMMANUEL E
2901 SE PACE DR
PORT SAINT LUCIE, FL 34984 US

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: D ( ) Delete
Name: SALVANT, EMMANUEL E
Address: 2901 SE PACE DR
City-St-Zip: PORT SAINT LUCIE, FL 34984

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: EMMANUEL E SALVANT DR 07/22/2004
Electronic Signature of Signing Officer or Director Date