

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111731

FILED
Apr 27, 2004
Secretary of State

Entity Name: FINE MEDICAL SERVICES, INC.

Current Principal Place of Business:

7220 NW 36 STREET
622
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

7220 NW 36 STREET
622
MIAMI, FL 33166

New Mailing Address:

PO BOX 667761
MIAMI, FL 33166

FEI Number: 65-1157599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODALES, BORIS
7505 SIMMONS ST
BROOKSVILLE, FL 34613

Name and Address of New Registered Agent:

MORALES, BORIS L
PO BOX 667761
MIAMI, FL 33166

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: BORIS MORALES

04/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: MORALES, BORIS L
Address: 7220 N.W. 36TH ST., STE. 622
City-St-Zip: MIAMI, FL 33166

Title: D () Delete
Name: MORALES, BORIS L
Address: 7220 N.W. 36TH ST., STE. 622
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: MORALES, BORIS L
Address: PO BOX 667761
City-St-Zip: MIAMI, FL 33166

Title: D (X) Change () Addition
Name: MORALES, BORIS L
Address: PO BOX 667761
City-St-Zip: MIAMI, FL 33166

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: BORIS L MORALES

PVST

04/27/2004

Electronic Signature of Signing Officer or Director

Date