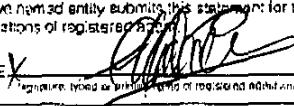


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 8:00 am
Secretary of State

07-06-2005 90034 001 ***550.00

DOCUMENT # P02000006857					
1. Entity Name NEUMO HEART CORPORATION					
Principal Place of Business 8960 SW 87TH. CT. SUITE 15 MIAMI, FL 33176			Mailing Address 8960 SW 87TH. CT. SUITE 15 MIAMI, FL 33176		
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 04-3590803	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
5. Name and Address of Current Registered Agent CAMPS, MIGUEL A 8960 SW 87TH. CT., SUITE 15 MIAMI, FL 33176				7. Name and Address of New Registered Agent Name Jesús Madrigal Street Address (P.O. Box Number is Not Acceptable) 8960 SW 87th Suite #15 City MIAMI FL 33176	
B: 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 		(PRINT: Registered Agent signature required when registering)		DATE 6-30-05	
FILE NOW! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MADRIGAL, JESUS		NAME		
STREET ADDRESS	8960 SW 87TH. CT., STE. 15		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	ABELOVE, WILLIAM		NAME		
STREET ADDRESS	8960 SW 87TH. CT., STE. 15		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ 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 and name 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 an exhibit, with all other like empowered.					
SIGNATURE: 		Date		Date	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Date	

20001030



06302005 Chg-P CR2E034 (10/03)