
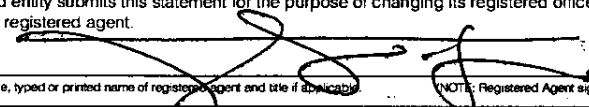
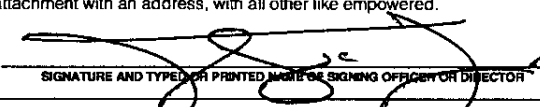


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90010 024 ***150.00

DOCUMENT # P02000036818 1. Entity Name REMASURGERY CORPORATION																													
Principal Place of Business 7311 N.W. 12 ST SUITE 23 MIAMI, FL 33126			Mailing Address 9039 S.W. 133 ST. APT. #D MIAMI, FL 33186																										
2. Principal Place of Business 10313 SW 127 PL Suite, Apt. #, etc.		3. Mailing Address 10313 SW 127 PL Suite, Apt. #, etc.																											
City & State Miami - FLORIDA Zip 33186		City & State MIAMI - FLORIDA Zip 33186		4. FEI Number 71-0889218																									
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent TKACHUK, SERGIO GUSTAVO 9039 S.W. 133 CT, #D MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Sergio Gustavo Tkachuk Street Address (P.O. Box Number is Not Acceptable) 10313 SW 127 PL City Miami FL Zip Code 33186																										
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  DATE 02-13-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P</td> <td style="width:40%;">NAME TKACHUK, SERGIO G</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> <td colspan="2">9039 S.W. 133 CT., #D</td> </tr> <tr> <td colspan="2">CITY-ST-ZIP</td> <td colspan="2">MIAMI, FL 33186</td> </tr> </table>			TITLE	P	NAME TKACHUK, SERGIO G	<input checked="" type="checkbox"/> Delete	STREET ADDRESS		9039 S.W. 133 CT., #D		CITY-ST-ZIP		MIAMI, FL 33186		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:10%;">P.</td> <td style="width:40%;">NAME TKACHUK SERGIO G.</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td colspan="2">STREET ADDRESS</td> <td colspan="2">10313 SW 127 PL.</td> </tr> <tr> <td colspan="2">CITY-ST-ZIP</td> <td colspan="2">Miami - FL. 33186</td> </tr> </table>			TITLE	P.	NAME TKACHUK SERGIO G.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		10313 SW 127 PL.		CITY-ST-ZIP		Miami - FL. 33186	
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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 an address, with all other like empowered.																													
SIGNATURE: 			02-13-04 (305) 408-7610 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>																										