2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # P02000066476 MEDSTEEL TECHNOLOGIES, INC. 08 MAR 21 PM 12: 24 Principal Place of Business Mailing Address 17024 S.W. 79 COURT 17024 S.W. 79 COURT VILLAGE OF PALMETTO BAY, FL 33157 VILLAGE OF PALMETTO BAY, FL 33157 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202008 CR2E034 (12/06) Cha-P Applied For 4. FEI Number City & State City & State 26-0601107 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIMENTEL, LYNNETTE Z Street Address (P.O. Box Number is Not Acceptable) 17024 S.W. 79 COURT VILLAGE OF PALMETTO BAY, FL 33157 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature. Noted or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. VPTD Change Addition TITLE ☐ Delete TITLE PIMENTEL, LYNNETTE Z NAME NAME 17024 S.W. 79 COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VILLAGE OF PALMETTO BAY, FL. 33157 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE Hector Fernández NAME NAME STREET ADDRESS STREET ADDRESS 17024 SW 79 CT Palmetto Bay CITY-ST-ZIP CITY-ST-ZIP 33157 FL TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE 300121418723 03/27/08--01007--015 **15 NAME NAME **150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE 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 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliering that I am an officer or director of the corporation or the receiver of 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: Daytime Phone # SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR