

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91759 029 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000066476				90128172	
1. Entity Name MEDSTEEL TECHNOLOGIES, INC.					
Principal Place of Business 2115 SW 3rd AVE. AP. # 1 MIAMI, FL 33129		Mailing Address 2115 SW 3rd AVE. # 1 MIAMI, FL 33129			
2. Principal Place of Business 2115 SW 3rd AVE. Suite, Apt., #, etc. 1		3. Mailing Address 2115 SW 3rd AVE. Suite, Apt., #, etc. 1			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 710896569 Applied For Not Applicable	
Zip 33129 Country		Zip 33129 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANZER, JACQUELINE 3038 MICHIGAN AVE KISSIMEE, FL 34746			7. Name and Address of New Registered Agent		
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 _____		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROMERO, IDAIS		NAME		
STREET ADDRESS	2435 HURON CR.		STREET ADDRESS		
CITY-ST-ZIP	KISSIMEE, FL 34746		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	THIELEN-ROMERO, ALBERTO J		NAME		
STREET ADDRESS	2435 HURON CR		STREET ADDRESS		
CITY-ST-ZIP	KISSIMEE, FL 34746		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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: <i>Thielen</i>		Date: 4/29/03		Days/Phone #	

CREEDG (10/02)