


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 1. Entity Name MEDSTEEL TECHNOLOGIES, INC.				90128172	
Principal Place of Business 2115 SW 3rd AVE. AP. # 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			
Zip 33129		Zip 33129		4. FEI Number 710896569 Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DANZER, JACQUELINE 3038 MICHIGAN AVE KISSIMEE, FL 34746		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ City _____ FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent's signature required when returning)</small>					
				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE _____ NAME P ROMERO, IDAIS <input type="checkbox"/> Delete STREET ADDRESS 2435 HURON CR. CITY-STATE-ZIP KISSIMEE, FL 34746			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME V THIELEN-ROMERO, ALBERTO J STREET ADDRESS 2435 HURON CR CITY-STATE-ZIP KISSIMEE, FL 34746			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____		
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TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-STATE-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-STATE-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>Thromero</i>		Date: 4/29/03		City/State/Phone # _____	

CREEDG (10/02)