

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080807

FILED
Apr 29, 2005
Secretary of State

Entity Name: HOLGUIN MEDICAL SERVICES, INC.

Current Principal Place of Business:

3201 S.W. 21ST STREET
MIAMI, FL 33145

New Principal Place of Business:

4343 WEST FLAGLER
505
MIAMI, FL 33134

Current Mailing Address:

3201 S.W. 21ST STREET
MIAMI, FL 33145

New Mailing Address:

4343 WEST FLAGLER
505
MIAMI, FL 33134

FEI Number: 33-1016801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRUZ, BARBARA
3201 S.W. 21ST STREET
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CRUZ, BARBARA
4343 WEST FLAGLER
505
MIAMI, FL 33134 US

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.

SIGNATURE: BARBARA CRUZ

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: CRUZ, BARBARA
Address: 3201 S.W. 21ST STREET
City-St-Zip: MIAMI, FL 33145

Title: VS () Delete
Name: GAMARRA, JOSELMA
Address: 3201 S.W. 21ST STREET
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: CRUZ, BARBARA
Address: 4343 WEST FLAGLER
City-St-Zip: MIAMI, FL 33134

Title: VS (X) Change () Addition
Name: GAMARRA, JOSELMA
Address: 4343 WEST FLAGLER #505
City-St-Zip: MIAMI, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA CRUZ

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date