

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000080807

FILED  
May 24, 2006  
Secretary of State

Entity Name: HOLGUIN MEDICAL SERVICES, INC.

## Current Principal Place of Business:

4343 WEST FLAGLER  
505  
MIAMI, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

4343 WEST FLAGLER  
505  
MIAMI, FL 33134

## New Mailing Address:

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  
4343 WEST FLAGLER  
505  
MIAMI, FL 33134 US

## Name and Address of New Registered Agent:

PILOTO, MANUEL  
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: MANUEL PILOTO

05/24/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MANUEL PILOTO

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05/24/2006

Electronic Signature of Signing Officer or Director

Date