2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# P02000094507

Entity Name: IRMA ADA MEDICAL SERVICES, INC.

Current Principal Place of Business:

8181 N.W. 36TH STREET, 13-D
MIAMI, FL 33166 US

New Principal Place of Business:

8181 N.W. 36TH STREET
13-D
MIAMI, FL 33166 US

Current Mailing Address:

8181 N.W. 36TH STREET, 13-D
MIAMI, FL 33166 US

New Mailing Address:

8181 N.W. 36TH STREET
13-D
MIAMI, FL 33166 US

FEI Number: 36-4505724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONTEJO, JAVIER R
17740 N.W. 67 AVE #609
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

MONTEJO, JAVIER R
17740 N.W. 67 AVE
609
MIAMI, FL 33015 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: JAVIER R. MONTEJO 04/20/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MONTEJO, JAVIER R
Address: 17740 N.W. 67 AVE #609
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: JAVIER R. MONTEJO P 04/20/2004
Electronic Signature of Signing Officer or Director Date