2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# P02000100849

Entity Name: FRAGA MEDICAL SERVICE INC.

Current Principal Place of Business:

42 NW 27 AVE SUITE 400
MIAMI, FL 33125 US

New Principal Place of Business:

Current Mailing Address:

42 NW 27 AVE SUITE 400
MIAMI, FL 33125 US

New Mailing Address:

FEI Number: 61-1425666 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, LESLIE
1746 SW 154 AVE
MIAMI, FL 33185 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORRIS, LESLIE
Address: 1746 SW 154 AVE.
City-St-Zip: MIAMI, FL 33185

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPS (X) Change ( ) Addition
Name: MORRIS, LESLIE
Address: 1746 SW 154 AVE.
City-St-Zip: MIAMI, FL 33185 US

Title: PD ( ) Change (X) Addition
Name: FRAGA, LUIS R
Address: 7417 SW 21 ST
City-St-Zip: MIAMI, FL 33155 US

I hereby certify that the information supplied with this filing does not qualify 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: LUIS R FRAGA PD 01/14/2008

Electronic Signature of Signing Officer or Director Date