


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000103876 1. Entity Name HYDRO MEDIX TECHNOLOGIES, INC.	
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Principal Place of Business 12345 TEAL RUN CT JACKSONVILLE, FL 32258	Mailing Address 12345 TEAL RUN CT JACKSONVILLE, FL 32258
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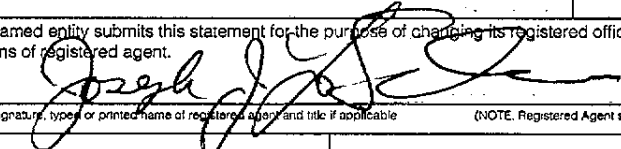
01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2075944	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOSCHIAVO, JOSEPH J 12345 TEAL RUN CT JACKSONVILLE, FL 32258

**DO NOT WRITE
IN THIS SPACE**

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 <u>2-16-04</u>
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000062170 02/23/04-80110-025 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOSCHIAVO, JOSEPH J 12345 TEAL RUN CT JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS LOSCHIAVO, LORAIN 12345 TEAL RUN CT JACKSONVILLE, FL 32258
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IN THIS SPACE**

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:  <u>Lorraine Loschiavo</u>	<u>2-16-04</u> <u>904-880-8779</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>