

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000110919

1. Entity Name
MIAMI SCIENTIFIC, INC.



FILED

04 AUG 31 AM 11:14

SECRET STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1200 COTORRO AVENUE
CORAL GABLES, FL 33146

Mailing Address
1200 COTORRO AVENUE
CORAL GABLES, FL 33146



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

08302004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
51-0483472

Applied For
Not Applicable

City & State

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POSADA, CLARITA
1200 COTORRO AVENUE
CORAL GABLES, FL 33146

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Clarita Posada DATE Aug 30/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME POSADA, CLARITA
STREET ADDRESS 1200 COTORRO AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME VARGAS-MILLS, MARGARITA
STREET ADDRESS 7801 S.W. 79 TERRACE
CITY-ST-ZIP MIAMI, FL 33143

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

600041098276
09/15/04--01032--006 **150.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Clarita Posada Date Aug 30/04 Daytime Phone # 3056063990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR