

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90023 017 \*\*\*150.00

**DOCUMENT # P02000118024**

1. Entity Name  
**KING BUDA MEDICAL SERVICES, INC.**



400006434

Principal Place of Business  
**4906 SW 5 TERR  
#303 B  
MIAMI, FL 33134**

Mailing Address  
**4906 SW 5 TERR  
#303 B  
MIAMI, FL 33134**

2. Principal Place of Business  
**400 SW 107 AVE.**  
Suite, Apt. #, etc.  
**Suite 303-B**

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

City & State  
**MIAMI FL**  
Zip  
**33174**

City & State  
Country  
**U.S.A.**

01252005 Chg-P CR2E034 (10/03)

4. FEI Number  
**51-0434466**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**NUNEZ, LEANDRO  
4906 SW 5 TERR  
#303 B  
MIAMI, FL 33134**

7. Name and Address of New Registered Agent

Name  
**JUAN M. PAGES ACOSTA**  
Street Address (P.O. Box Number is Not Acceptable)  
**400 SW 107 AVE., Ste. 303-B**  
City  
**MIAMI FL** Zip Code  
**33174**

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 *[Signature]* DATE 1/25/05  
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  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
NUNEZ, LEANDRO  
4906 SW 5 TERR #303 B  
MIAMI, FL 33134** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CORDON, EDWARD  
4408 NW 185 ST  
MIAMI, FL 33055** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
JUAN M. PAGES ACOSTA  
400 SW 107 AVE., #303-B  
MIAMI, FL 33174** ☒ Change ☐ Addition

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

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

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/05 (305) 207-1593  
Date Daytime Phone #