


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 OCT -9 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # <b>PO 2000119626</b>	
1. Entity Name <b>Helomedical Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>5737 NW 114 path</b>		3. Mailing Address <b>SAME</b>	
Suite, Apt. #, etc. <b>102</b>		Suite, Apt. #, etc. <b>SAME</b>	
City & State <b>Miami FL 33178</b>		City & State <b>SAME</b>	
Zip <b>33178</b>	Country <b>USA</b>	Zip	Country

**REINSTATEMENT** 03

4. FEI Number <b>01-0754721</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>ERLA Correa</b>
Street Address (P.O. Box Number is Not Acceptable) <b>5737 NW 114 path #102</b>
City <b>Miami</b>
State <b>FL</b>
Zip Code <b>33178</b>

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**09/29/03**

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	------------------------------------

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST CORREA NOEA 5737 NW 114 path #102 Miami FL 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP CORREA ERLA 5737 NW 114 path #102 Miami FL 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000023665160 10/03/03--01041--006 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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 on an attachment with an address, with all other name empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

**HELIMEDICAL INC.**  
5737 NW 114 Tath Suite No. 102, Miami Florida 33178

*Miami, September 29<sup>th</sup> 2003*

*Florida Department of State  
Tallahassee.*

*Dear sirs:*

With this letter I inform you that I was out of the Country for 5 months, besides I changed the address of our corporation, the new address is 5737 NW 114 Tath., Miami, Florida 33178

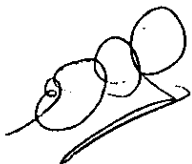
For that reason I did not receive the UBR form 2003 and I did not send back that form To your office at time.

We are a new Corporation in this country and we need your cooperation to continue operating.

For all mentioned I 'd appreciate if you would accept my check for US\$ 150.00 as annual fee.

Thanks for your help and cooperation.

Sincerely,



Erika Correa  
President  
Helimedical Inc.