2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 08:00 AM - Secretary of State DOCUMENT # P02000128094 R.M.J. MEDICAL SERVICES, INC Principal Place of Business Mailing Address 21951 SW 127 AVE. 21951 SW 127 AVE. MIAMI, FL 33170 MIAMI, FL 33170 01282004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 45-0492040 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTINEZ, FELIX J DO NOT WRITE 21951 SW 127TH. AVE MIAMI, FL 33170 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10, TITLE MARTINEZ, FELIX J NAME STREET ADDRESS 21951 SW. 127TH, AVE U00000134459 94/28/04-86020-011 150.00 CITY-ST-ZIP MIAMI, FL 33170 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-719 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. Thereby 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4)26/84

(30) 9 W- 3xe

FILED