

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90017 015 ***150.00

DOCUMENT # P03000014806 1. Entity Name PHILCO MEDICAL SYSTEMS, INC.					
Principal Place of Business 357 HAMMOCK TRAIL GREENACRES, FL 33413			Mailing Address 357 HAMMOCK TRAIL GREENACRES, FL 33413		
2. Principal Place of Business 357 HAMMOCKS TRAIL Suite, Apt. #, etc.		3. Mailing Address 357 HAMMOCKS TRAIL Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 56-2315070	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MATOS, ANGELA 645 LAKE PT N LN DEERFIELD BCH, FL 33442-8658			7. Name and Address of New Registered Agent Name DIEGO ESCANDON Street Address (P.O. Box Number is Not Acceptable) 357 HAMMOCKS TRAIL City GREENACRES FL Zip Code 33413		
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 DIEGO ESCANDON 3/19/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ESCANDON, DIEGO 645 LAKE PT N LN DEERFIELD BCH, FL 334428658	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LONDONO, CLAUDIA P 645 LAKE PT N LN DEERFIELD BCH, FL 334428658	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: DIEGO ESCANDON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> PRESIDENT 3/19/04 (561) 964-1095 <small>Date Daytime Phone #</small>		

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