2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004
Secretary of State

DOCUMENT# P03000018252

Entity Name: MEDICAL CUBAN AMERICAN, INC

Current Principal Place of Business:

9069 IRVING ROAD
FT MYERS, FL 33912

New Principal Place of Business:

773 4TH AVE NORTH
SUITE B&C
NAPLES, FL 34102 US

Current Mailing Address:

9069 IRVING ROAD
FT MYERS, FL 33912

New Mailing Address:

773 4TH AVE NORTH
SUITE B&C
NAPLES, FL 34102 US

FEI Number: 46-0520045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS, DIAN M
1842 40TH TERR SW
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

MARTINEZ, DARIO
773 4TH AVE NORTH
NAPLES, FL 34102 US

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.

SIGNATURE: DARIO MARTINEZ 05/04/2004
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MARTINEZ, DARIO
Address: 9069 IRVING ROAD
City-St-Zip: FT MYERS, FL 33912

Title: VP (X) Delete
Name: NARANJO, PAVEL
Address: 18511 GERANIUM ROAD
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MARTINEZ, DARIO
Address: 217 ERIE DR
City-St-Zip: NAPLES, FL 34110 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARIO MARTINEZ P 05/04/2004
Electronic Signature of Signing Officer or Director Date