


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 19, 2004 8:00 am
Secretary of State

05-24-2004 90005 039 ***150.00

DOCUMENT # P03000033439 1. Entity Name JMB BIOMED INTERNATIONAL, INC.					
Principal Place of Business 8350 N.W. 52ND TERRACE, NO. 407 MIAMI, FL 33166			Mailing Address 8350 N.W. 52ND TERRACE, NO. 407 MIAMI, FL 33166		
2. Principal Place of Business 10305 NW 41st Street			3. Mailing Address 901 Ponce de Leon Blvd.		
Suite, Apt. #, etc. Suite 206			Suite, Apt. #, etc. Suite 606		
City & State Miami, FL			City & State Coral Gables, FL		
Zip 33178		Country USA		Zip 33134	
Country USA		4. FEI Number 04-3749077			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent RICARDO A. GONZALEZ & ASSOCIATES, P.A. 7270 N.W. 12TH STREET PENTHOUSE 9 MIAMI, FL 33126					
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE Director	<input type="checkbox"/> Delete				
NAME Jorge M. Baragano	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
STREET ADDRESS 10305 NW 41st Street, Suite 206	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
CITY-ST-ZIP Miami, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition					
NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition					
STREET ADDRESS _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition					
CITY-ST-ZIP _____ <input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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: <u>Jorge M. Baragano</u> MAY 17 / 2004 305.372.6223 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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