

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046471

FILED
Apr 20, 2007
Secretary of State

Entity Name: BAYSHORE DURA MEDICAL, INC.

Current Principal Place of Business:

7845 NW 148 STREET
MIAMI LAKES, FL 33016 US

New Principal Place of Business:

7835 NW 148 STREET
MIAMI LAKES, FL 33016 US

Current Mailing Address:

7845 NW 148 STREET
MIAMI LAKES, FL 33016 US

New Mailing Address:

7835 NW 148 STREET
MIAMI LAKES, FL 33016 US

FEI Number: 80-0062533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDIA, ROBERTO E
7845 NW 148 STREET
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

MENDIA, ROBERTO E
7835 NW 148 STREET
MIAMI LAKES, FL 33016 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:

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENDIA, ROBERTO E
Address: 7845 NW 148 STREET
City-St-Zip: MIAMI LAKES, FL 33016

Title: STD () Delete
Name: MENDIA, LILIAN
Address: 7845 NW 148 STREET
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MENDIA, ROBERTO E
Address: 7835 NW 148 STREET
City-St-Zip: MIAMI LAKES, FL 33016

Title: STD (X) Change () Addition
Name: MENDIA, LILIAN
Address: 7835 NW 148 STREET
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERTO E MENDIA

PD

04/20/2007

Electronic Signature of Signing Officer or Director

Date