


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90129 037 ***150.00

DOCUMENT # P03000047404	
1. Entity Name SILVER AGE MEDICAL SERVICES, INC.	

Principal Place of Business 7821 S.W. 24 STREET SUITE 121 MIAMI, FL 33125	Mailing Address 256 N.W. 42 AVENUE MIAMI, FL 33126
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2. Principal Place of Business 7821 SW 24 ST	3. Mailing Address 7821 SW 24 ST
Suite, Apt. #, etc. SUITE 121	Suite, Apt. #, etc. SUITE 121
City & State MIAMI FL	City & State MIAMI FL
Zip 33155	Country US
Zip 33155	Country U.S.

14015814



03142005 Chg-P CR2E034 (10/03)

4. FEI Number 59-0811858	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
GONZALEZ, MICHEL 1455 NW 14TH ST. MIAMI, FL 33125	

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PTD <input type="checkbox"/> Delete
NAME	GONZALEZ, MICHEL
STREET ADDRESS	1455 NW 14TH ST.
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	VSD <input type="checkbox"/> Delete
NAME	GAYOSO, LUIS
STREET ADDRESS	1455 NW 14TH ST.
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MICHEL
STREET ADDRESS	2550 SW 117 ST
CITY-ST-ZIP	MIAMI FL 33175
TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYOSO, LUIS
STREET ADDRESS	9011 SW 19 ST
CITY-ST-ZIP	MIAMI FL 33165
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	Luis P. Gayoso	4-20-05	305 265 7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #