

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048275

FILED  
Apr 05, 2005  
Secretary of State

Entity Name: 4 NEW MEDICAL CONCEPT INC.

## Current Principal Place of Business:

P O BOX 557432  
MIAMI, FL 33255

## New Principal Place of Business:

P O BOX 557432  
MIAMI, FL 33255 US

## Current Mailing Address:

P O BOX 557432  
MIAMI, FL 33255

## New Mailing Address:

P O BOX 557432  
MIAMI, FL 33255 US

FEI Number: 20-0811507

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRAGA, MANUEL JR  
2900 PALM AVE.  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

FRAGA, MANUEL JR  
321 W 9 ST  
SECOND FLOOR  
HIALEAH, FL 33010 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: MANUEL FRAGA JR

04/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VDS ( ) Delete  
Name: ARANGO, LIZETTE  
Address: P O BOX 557432  
City-St-Zip: MIAMI, FL 33255

Title: PD ( ) Delete  
Name: FRAGA, MANUEL JR  
Address: P O BOX 557432  
City-St-Zip: MIAMI, FL 33255

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FRAGA, MANUEL JR  
Address: P O BOX 557432  
City-St-Zip: MIAMI, FL 33255 US

Title: DT (X) Change ( ) Addition  
Name: MARTINEZ, MARTA MARIA  
Address: P O BOX 557432  
City-St-Zip: MIAMI, FL 33255 US

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: MANUEL FRAGA JR

PD

04/05/2005

Electronic Signature of Signing Officer or Director

Date