2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2005
Secretary of State

DOCUMENT# P03000074886

Entity Name: HOYOS MEDICAL AUDIT INC.

Current Principal Place of Business:

9864 HAMMOCKS BLVD #53-104
MIAMI, FL 33196

New Principal Place of Business:

8451 SW 164 CT
MIAMI, FL 33193

Current Mailing Address:

9864 HAMMOCKS BLVD #53-104
MIAMI, FL 33196

New Mailing Address:

8451 SW 164 CT
MIAMI, FL 33193

FEI Number: 91-0623574 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOYOS, CARLOS
9864 HAMMOCKS BLVD #53-104
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

HOYOS, CARLOS
8451 SW 164 CT
MIAMI, FL 33193 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: CARLOS HOYOS 01/30/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOYOS, CARLOS
Address: 9864 HAMMOCKS BLVD #53-104
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HOYOS, CARLOS
Address: 8451 SW 164 CT
City-St-Zip: MIAMI, FL 33193

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: CARLOS HOYOS P 01/30/2005
Electronic Signature of Signing Officer or Director Date