

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078910

FILED
Feb 29, 2008
Secretary of State

Entity Name: LEIVA MEDICAL CONSULTANTS INC

Current Principal Place of Business:

10300 SW 72 ST
UNIT #406 G
MIAMI, FL 33165 US

New Principal Place of Business:

10300 SW 72 STREET
UNIT #406G
MIAMI, FL 33165 US

Current Mailing Address:

10300 SW 72 ST
UNIT #406 G
MIAMI, FL 33165 US

New Mailing Address:

15555 SW 57 TERRACE
MIAMI, FL 33193

FEI Number: 26-0301165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEIVA, ANTONIO
10300 SW 22 STREET
UNIT #4607 G
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

DE LEON, ROMER
15555 SW 57 TERRACE
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: ROMER DE LEON

02/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LEIVA, ANTONIO
Address: 10300 SW 72 ST UNIT 4607 G
City-St-Zip: MIAMI, FL 33165 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DE LEON, ROMER
Address: 15555 SW 57 TERRACE
City-St-Zip: MIAMI, FL 33193 US

I hereby certify that the information supplied with this filing does not qualify 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: ROMER DE LEON

PD

02/29/2008

Electronic Signature of Signing Officer or Director

Date