

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080750

FILED
Jan 19, 2004
Secretary of State

Entity Name: SLEEP DISORDER SOLUTIONS, INC.

Current Principal Place of Business:

4260 SW 73 AVENUE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

4260 SW 73 AVENUE
MIAMI, FL 33155

New Mailing Address:

FEI Number: 52-2414941

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, LIONEL A
4260 SW 73 AVENUE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEDINA, LIONEL A
Address: 4260 SW 73 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: VP () Delete
Name: GALLARDO, RAFAEL
Address: 4260 SW 73 AVENUE
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LIONEL MEDINA

PRES

01/19/2004

Electronic Signature of Signing Officer or Director

Date