

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90012 025 ***150.00

DOCUMENT # P03000085016

1. Entity Name
AMERICAN MEDICAL APPLICATIONS, INC.



Principal Place of Business
**1710 NW 7 ST STE #205
MIAMI, FL 33125**

Mailing Address
**1710 NW 7 ST STE #205
MIAMI, FL 33125**

2. Principal Place of Business
1710 NW 7ST #6

3. Mailing Address
1710 NW 7ST

Suite, Apt. #, etc.
#6

Suite, Apt. #, etc.
#6

City & State
Miami FL

City & State
Miami FL

Zip
33125

Country

Zip
33125

Country



04092004 Chg-P CR2E034 (10/03)

4. FEI Number
81-0626813

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CANIZARES, ROY
1710 NW 7 ST STE #205
MIAMI, FL 33125**

7. Name and Address of New Registered Agent

Name **Canizares, Roy**
Street Address (P.O. Box Number is Not Acceptable)
1710 NW 7ST #6
City **Miami** FL Zip Code **33125**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **CANIZARES, ROY**
STREET ADDRESS **1710 NW 7 ST STE #205**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE **DV** ☐ Delete
NAME **DE LA VEGA, LUIS M**
STREET ADDRESS **1710 NW 7 ST STE #205**
CITY-ST-ZIP **MIAMI, FL 33125**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
NAME **Canizares, Roy**
STREET ADDRESS **1710 NW 7ST #6**
CITY-ST-ZIP **Miami FL, 33125**

TITLE **DV** ☒ Change ☐ Addition
NAME **De la Vega, Luis M**
STREET ADDRESS **1710 NW 7ST #6**
CITY-ST-ZIP **Miami FL, 33125**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.9.2004