FILED
Jun 07, 2004 8:00 am
Secretary of State
04-30-2004 90422 001 ***317.50

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000099994

1. Entity Name
TECHNOMED GROUP INC.

664267JJ

04282004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
4485 S.W. 8ST MIAMI, FL 33134	4485 S.W. 8ST MIAMI, FL 33134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 03-0527493 — Applied For / Not Applicable

5. Certificate of Status Desired X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRAVER-QUINTERO, MERRYLL P.A.
3191 CORAL WAY
SUITE 1005
MIAMI, FL 33145

Name - correction

7. Name and Address of New Registered Agent

Name: Merrill Braver Quintero Esq.
Street Address (P.O. Box Number is Not Acceptable): 3191 Coral Way #1005
City: Miami Fl FL Zip Code: 33145

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] 4/29/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VALDES, JOSE L 5005 COLLINS AVE MIAMI BACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: X Jose L Valdes 4/29/04 305-448-0102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Jun. 2. 2004 12:53PM DEVELOPERS MORTGAGES No.7979 P. 2