


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90041 033 \*\*\*150.00

<b>DOCUMENT # P03000102315</b>					
<b>1. Entity Name</b> <b>PROMEDICA ANDINA, INC</b>					
<b>Principal Place of Business</b> <b>9074 HARDING AVENUE</b> <b>SURFSIDE, FL 33154</b>			<b>Mailing Address</b> <b>9074 HARDING AVENUE</b> <b>SURFSIDE, FL 33154</b>		
<b>2. Principal Place of Business</b> <b>1250 E. HALLANDALE Bch. Blvd</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. <b>509</b>		Suite, Apt. #, etc.			
City & State <b>HALLANDALE BEACH, FL</b>		City & State		<b>4. FEI Number</b> <b>20-0236571</b>	
Zip <b>33009</b>		Country <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>MAZZA-MARTINEZ, TANIA A MS.</b> <b>780 NW 42 AV.</b> <b>420</b> <b>MIAMI, FL 33126</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b> SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WOGINIAK, ERNESTO MR. 9074 HARDING AVENUE SURFSIDE, FL 33154	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOGINIAK, DANIEL MR. 9074 HARDING AVENUE SURFSIDE, FL 33154	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <i>Ernesto Woginiak</i> <b>ERNESTO WOGINIAK</b> <b>3-9-04</b> <b>3058612520</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					