


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000107305 1. Entity Name AADS DURAMED SERVICES, INC.						FILED 04 OCT -7 PM 12:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business WATERFORD BUSINESS PARK 5201 BLUE LAGOON DRIVE - 8TH FLOOR MIAMI, FL 33126				Mailing Address WATERFORD BUSINESS PARK 5201 BLUE LAGOON DRIVE - 8TH FLOOR MIAMI, FL 33126			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent FUSTER-SAGARO, MARIA B 10750 SW 160 STREET MIAMI, FL 33157				7. Name and Address of New Registered Agent Name FUSTER-SAGARO, MARIA B. Street Address (P.O. Box Number is Not Acceptable) 14760 SW 72 TERRACE City MIAMI FL 33193			
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 <i>Maria Fuster-Sagaro</i> DATE 9/17/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> In accordance with s. 607-193(2)(b); F.S. the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete FUSTER-SAGARO, MARIA B 10750 SW 160 STREET MIAMI, FL 33157			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FUSTER-SAGARO, MARIA B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14760 SW 72 TERRACE MIAMI FL 33193		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400041605254 10/05/04--01034--021 **158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <i>Maria Fuster-Sagaro</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 9/17/04 DAYTIME PHONE # (850) 629-3071			