


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-16-2004 90062 001 ***150.00
03-16-2004 90062 002 ****35.00
03-19-2004 90049 028 ***150.00

DOCUMENT # P03000113844	
1. Entity Name CONFIDENTIAL DIAGNOSTIC SERVICES, INC.	

Principal Place of Business 330 SW 27TH AVENUE 707 MIAMI, FL 33135 US	Mailing Address 330 SW 27TH AVENUE 707 MIAMI, FL 33135 US
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94032423



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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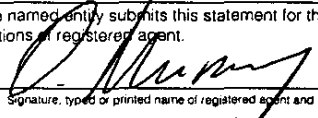
01092004 Chg-P CR2E034 (10/03)

4. FEI Number 01-0807966	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE ARMAS VALDES, DOMINGO 330 SW 27TH AVENUE 707 MIAMI, FL 33135

7. Name and Address of New Registered Agent Name OSCAR MURPHY Street Address (P.O. Box Number is Not Acceptable) 330 S.W. 27TH AVENUE #707 City MIAMI, FL. FL Zip Code 33135
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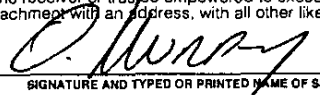
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.	
SIGNATURE 	OSCAR MURPHY, PRESIDENT DATE

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DE ARMAS VALDES, DOMINGO <input checked="" type="checkbox"/> Delete 330 SW 27TH AVENUE #707 MIAMI, FL 33135
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OSCAR MURPHY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 330 S.W. 27TH AVENUE MIAMI, FL. 33135
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: 	3/12/04 Date Daytime Phone #