
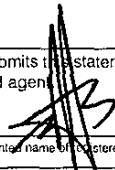
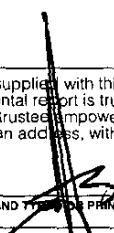


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2004 8:00 am
Secretary of State

07-07-2004 90002 029 ***158.75

| | | | |
|---|--|---|---|
| DOCUMENT # P03000114462 1. Entity Name EMPOWER MED, INC. | |  | |
| Principal Place of Business 6601 SW 80TH STREET SUITE 108 SOUTH MIAMI, FL 33143 | | Mailing Address 6601 SW 80TH STREET SUITE 108 SOUTH MIAMI, FL 33143 | |
| 2. Principal Place of Business 6601 SW 80 STREET Suite, Apt. #, etc. Suite 101-108 City & State South Miami, FLORIDA Zip 33143 | | 3. Mailing Address 6601 SW 80 STREET Suite, Apt. #, etc. Suite 101-108 City & State South Miami, FLORIDA Zip 33143 | |
| 4. FEI Number 05-0599026 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | 07012004 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent AUGSTEN, EDUARDO 6601 SW 80TH STREET SUITE 108 SOUTH MIAMI, FL 33143 | | 7. Name and Address of New Registered Agent Name AUGSTEN, EDUARDO Street Address (P.O. Box Number is Not Acceptable) 6601 SW 80 STREET Suite 101-108 City South Miami FL Zip Code 33143 | |
| 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  6/28/04 <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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. | |
| In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD AUGSTEN, EDUARDO 6601 SW 80TH STREET SUITE 101-108 SOUTH MIAMI, FL 33143 | <input type="checkbox"/> Delete | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD AUGSTEN, EDUARDO 6601 SW 80 STREET, Suite 101-108 South Miami, FL 33143 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | TITLE 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:  EDUARDO AUGSTEN | | 06/28/04 (404) 760-4055 <small>Date Daytime Phone #</small> | |

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