

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128890

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: HEALTH OPTIONS MEDICAL EXPORTERS, INC.

## Current Principal Place of Business:

1840 W 49 ST.  
STE 603-07  
HIALEAH, FL 33012

## New Principal Place of Business:

## Current Mailing Address:

1840 W 49 ST.  
STE 603-07  
HIALEAH, FL 33012

## New Mailing Address:

FEI Number: 20-0409536

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE LA CARIDAS VALDES, MARIA  
1840 W 49 ST.  
STE 603-07  
HIALEAH, FL 33012 US

## Name and Address of New Registered Agent:

DE LA CARIDAD VALDES, MARIA  
1840 W 49 ST.  
STE 603-07  
HIALEAH, FL 33012 US

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.

SIGNATURE: MARIA C. VALDES

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DE LA CARIDAD VALDES, MARIA  
Address: 1840 W 49 ST., STE 603-07  
City-St-Zip: HIALEAH, FL 33012

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA C. VALDES

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date