

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

5/2

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**

05-24-2004 90009 025 \*\*\*150.00

**DOCUMENT # P03000130491**



1. Entity Name  
**ELO MEDICAL SERVICES, INC.**

Principal Place of Business  
**4824 E 8 LN  
 HIALEAH, FL 33013**

Mailing Address  
**4824 E 8 LN  
 HIALEAH, FL 33013**

**66427060**



2. Principal Place of Business

**5901 NW 151st**

Suite, Apt. #, etc.  
**Suite # 220**

City & State  
**MIAMI LAKES FLORIDA**

Zip  
**33014**

Country  
**USA**

3. Mailing Address

**5901 NW 151st**

Suite, Apt. #, etc.  
**Suite # 220**

City & State  
**MIAMI LAKES, FLORIDA**

Zip  
**33014**

Country  
**USA**

05202004

Chg-P

CR2E034 (10/03)

4. FEI Number

**05059110**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**TRUJILLO, HOARI  
 4824 E 8 LN  
 HIALEAH, FL 33013**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*[Handwritten Signature]*

Signature, typed & printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-20-04**

**FILE NOW!!! FEE IS \$150.00  
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

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	<input type="checkbox"/> Delete
P	TRUJILLO, HOARI	4824 E 8 LN	HIALEAH, FL 33013	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-20-04**