

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000130803

FILED
Apr 30, 2009
Secretary of State

Entity Name: SPORTS MED INNOVATIONS, INC.

Current Principal Place of Business:

717 PONCE DE LEON BLVD, STE 221
CORAL GABLES, FL 33134

New Principal Place of Business:

717 PONCE DE LEON BLVD,
SUITE 221
CORAL GABLES, FL 33134

Current Mailing Address:

P.O. BOX 431437
SOUTH MIAMI, FL 33143

New Mailing Address:

717 PONCE DE LEON BLVD,
SUITE 221
CORAL GABLES, FL 33134

FEI Number: 16-1688277

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACIAS, JOSE G
7211 SW 62 AVE.
SUITE 205
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MACIAS, JOSE G
Address: 7211 SW 62 AVE. SUITE 205
City-St-Zip: MIAMI, FL 33143

Title: VP () Delete
Name: REATEGUI, LAURA
Address: 7211 SW 62 AVE SUITE 205
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MACIAS, JOSE G
Address: 717 PONCE DE LEON BLVD SUITE 221
City-St-Zip: CORAL GABLES, FL 33134

Title: VP (X) Change () Addition
Name: REATEGUI, LAURA
Address: 717 PONCE DE LEON BLVD SUITE 221
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify 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: LAURA REATEGUI

VP

04/30/2009

Electronic Signature of Signing Officer or Director

Date