2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005
Secretary of State

DOCUMENT# P04000006972

Entity Name: A CLASS MEDICAL INC.

Current Principal Place of Business:

851 SW 1 ST STE A
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

851 SW 1 ST STE A
MIAMI, FL 33130

New Mailing Address:

FEI Number: 52-2437552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, MARGARITA
10390 SW 27 ST
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

MARTINEZ, MARGARITA
851 SW 1 ST STE A
MIAMI, FL 33130 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: MARGARITA MARTINEZ 05/03/2005
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PEREZ, MARGARITA
Address: 10390 SW 27 ST
City-St-Zip: MIAMI, FL 33165

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MARTINEZ, MARGARITA
Address: 851 SW 1 ST STE A
City-St-Zip: MIAMI, FL 33130

Title: VD ( ) Change (X) Addition
Name: VARGAS, RAMON
Address: 851 SW 1 ST STE A
City-St-Zip: MIAMI, FL 33130

Title: SD ( ) Change (X) Addition
Name: MARTINEZ, LAZARO R
Address: 851 SW 1 ST STE A
City-St-Zip: MIAMI, FL 33130

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARGARITA MARTINEZ PD 05/03/2005
Electronic Signature of Signing Officer or Director Date