

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000006972

FILED
Mar 30, 2006
Secretary of State**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:**833 SW 29TH AVE
STE 8
MIAMI, FL 33135**Current Mailing Address:**851 SW 1 ST STE A
MIAMI, FL 33130**New Mailing Address:**833 SW 29TH AVE
STE 8
MIAMI, FL 33135**FEI Number:** 52-2437552**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HERRERA, CARLOS F
851 SW 1 ST STE A
MIAMI, FL 33130 US**Name and Address of New Registered Agent:**MARTINEZ, MARGARITA
833 SW 29TH AVE
STE 8
MIAMI, FL 33135 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

03/30/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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: 833 SW 29TH AVE STE 8
City-St-Zip: MIAMI, FL 33135

Title: VD () Change (X) Addition
Name: VARGAS, RAMON
Address: 833 SW 29TH AVE STE 8
City-St-Zip: MIAMI, FL 33135

Title: SD () Change (X) Addition
Name: MARTINEZ, LAZARO
Address: 833 SW 29TH AVE STE 8
City-St-Zip: MIAMI, FL 33135

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: MARGARITA MARTINEZ

PD

03/30/2006

Electronic Signature of Signing Officer or Director

Date