

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000121425

Entity Name: MAKUZA MEDICAL CENTER, INC.

FILED  
Apr 28, 2005  
Secretary of State

**Current Principal Place of Business:**

P O BOX 160271  
MIAMI, FL 331160271

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 160271  
MIAMI, FL 331160271

**New Mailing Address:**

FEI Number: 20-1539800

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DE LA MOTA, FRANKLIN  
9362 SW 97 CT  
MIAMI, FL 33176 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: DE LA MOTA, FRANKLIN  
Address: P O BOX 160271  
City-St-Zip: MIAMI, FL 331160271

**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 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: FRANKLIN DE LA MOTA

P

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date