

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124632

Entity Name: RAMON DIAZ BIOMEDICAL, INC.

FILED  
Jan 26, 2005  
Secretary of State

## Current Principal Place of Business:

1355 NW 93RD COURT  
DORAL, FL 33172

## New Principal Place of Business:

1355 NW 93RD COURT  
A-107  
DORAL, FL 33172

## Current Mailing Address:

1355 NW 93RD COURT  
DORAL, FL 33172

## New Mailing Address:

P.O. BOX 227746  
DORAL, FL 33122-77 46

FEI Number: 51-0521448

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DIAZ, RAMON  
1355 NW 93RD COURT  
DORAL, FL 33172 US

## Name and Address of New Registered Agent:

DIAZ, RAMON  
1355 NW 93RD COURT  
A-107  
DORAL, FL 33172 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:

01/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DIAZ, RAMON  
Address: 1355 NW 93RD COURT  
City-St-Zip: DORAL, FL 33172

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DIAZ, RAMON  
Address: 1355 NW 93RD COURT, A-107  
City-St-Zip: DORAL, FL 33172

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: RAMON DIAZ

PD

01/26/2005

Electronic Signature of Signing Officer or Director

Date