

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124632

Entity Name: RAMON DIAZ BIOMEDICAL, INC.

FILED  
Feb 26, 2008  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 227746  
DORAL, FL 33122

**New Mailing Address:**

P.O. BOX 227746  
DORAL, FL 33222

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

**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 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: RAMON DIAZ

PD

02/26/2008

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

\_\_\_\_\_ Date