


FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90400 030 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000139203 1. Entity Name ACCU-MED MANUFACTURE INC					
Principal Place of Business 7104 NW 50TH ST MIAMI, FL 33166			Mailing Address 7104 NW 50TH ST MIAMI, FL 33166		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2491504	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GONZALEZ, ROLANDO 6483 SW 25TH ST MIAMI, FL 33155				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, ROLANDO 6483 SW 25TH ST MIAMI, FL 33155 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TOMASSINI, FLAVIO G 5884 SW 27TH ST MIAMI, FL 33155 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: FLAVIO TOMASSINI <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4.28.05 305-5948565 <small>Date Daytime Phone #</small>		

14013534



04282005 Chg-P CR2E034 (10/03)

4. FEI Number 56-2491504	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GONZALEZ, ROLANDO
 6483 SW 25TH ST
 MIAMI, FL 33155**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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SIGNATURE _____

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
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CITY-ST-ZIP

**P
 GONZALEZ, ROLANDO
 6483 SW 25TH ST
 MIAMI, FL 33155**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**VS
 TOMASSINI, FLAVIO G
 5884 SW 27TH ST
 MIAMI, FL 33155**

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.05 305-5948565
Date Daytime Phone #