

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000152359

FILED
Feb 26, 2005
Secretary of State

Entity Name: NEW BEGINING MEDICAL SERVICES, INC.

Current Principal Place of Business:

448 EAST 9TH ST.
HIALEAH, FL 33010

New Principal Place of Business:

Current Mailing Address:

448 EAST 9TH ST.
HIALEAH, FL 33010

New Mailing Address:

FEI Number: 20-1850994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATISTA, ANDRES
9701 SW 77 AVE
#8
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

GUERRA, JOSE A
735 E 32 ST
HIALEAH, FL 33013 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: JOSE A GUERRA

02/26/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SANCHEZ, HECTOR
Address: 9701 SW 77 AVE # 8
City-St-Zip: MIAMI, FL 33156

Title: VP () Delete
Name: BATISTA, ANDRES F
Address: 9701 SW 77 AVE #8
City-St-Zip: MIAMI, F 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GUERRA, JOSE A
Address: 735 E 32 ST
City-St-Zip: HIALEAH, FL 33013

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: JOSE A GUERRA

P

02/26/2005

Electronic Signature of Signing Officer or Director

Date