

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000065451

FILED
Mar 07, 2008
Secretary of State

Entity Name: CON TU SALUD CORPORATION

Current Principal Place of Business:

8750 N.W. 36 STREET SUITE 220
MIAMI, FL 33178

New Principal Place of Business:

8750 N.W. 36 STREET SUITE 425
DORAL, FL 33178

Current Mailing Address:

8750 N.W. 36 STREET SUITE 220
MIAMI, FL 33178

New Mailing Address:

8750 N.W. 36 STREET SUITE 425
DORAL, FL 33178

FEI Number: 86-1138964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPWIZ REGISTERED AGENTS, INC.
8750 N.W. 36 STREET SUITE 220
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

CORPWIZ REGISTERED AGENTS, INC.
8750 N.W. 36 STREET SUITE 425
DORAL, FL 33178 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: ASTRID WERMUTH

03/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: RIVEROS, CARLOS
Address: 8750 N.W. 36 STREET, SUITE 220
City-St-Zip: MIAMI, FL 33178

Title: S () Delete
Name: WERMUTH, MICHAEL J
Address: 8750 N.W. 36 STREET, SUITE 220
City-St-Zip: MIAMI, FL 33178

Title: COO () Delete
Name: JARAMILLO, NATALIA
Address: 8750 N.W. 36 STREET, SUITE 220
City-St-Zip: MIAMI, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change () Addition
Name: RIVEROS, CARLOS
Address: 8750 N.W. 36 STREET, SUITE 425
City-St-Zip: DORAL, FL 33178

Title: S (X) Change () Addition
Name: WERMUTH, MICHAEL J
Address: 8750 N.W. 36 STREET, SUITE 425
City-St-Zip: DORAL, FL 33178

Title: COO (X) Change () Addition
Name: JARAMILLO, NATALIA
Address: 8750 N.W. 36 STREET, SUITE 425
City-St-Zip: DORAL, FL 33178

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: J. MICHAEL WERMUTH

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03/07/2008

Electronic Signature of Signing Officer or Director

Date