2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P05000104781

Entity Name: CAJAMED-USA, INC.

Current Principal Place of Business:

701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

New Principal Place of Business:

C/O 701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

Current Mailing Address:

701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

New Mailing Address:

FEI Number: 98-0464259 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: DE ROS, CHARLES
Address: 701 BRICKELL AVENUE, STE 3000
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: ARRIBAS PURAS, ROBERTO
Address: 701 BRICKELL AVENUE, STE 3000
City-St-Zip: MIAMI, FL 33131

Title: VP ( ) Delete
Name: FUENTES, DARIO
Address: 701 BRICKELL AVENUE, STE 3000
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: LOPEZ ABAD, ROBERTO
Address: 701 BRICKELL AVENUE, STE 3000
City-St-Zip: MIAMI, FL 33131

Title: D (X) Delete
Name: GIL MALLEBRERA, MANUEL
Address: 701 BRICKELL AVENUE, STE 3000
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: ARRIBAS PURAS, ROBERTO
Address: 701 BRICKELL AVENUE, STE 3000
City-St-Zip: MIAMI, FL 33131

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: ROBERTO ARRIBAS PURAS DP 04/27/2006

Electronic Signature of Signing Officer or Director — Date