

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 09, 2007  
Secretary of State**

DOCUMENT# P05000106090

Entity Name: EVELYN MEDICAL, INC.

**Current Principal Place of Business:**

175 FONTAINBLEAU BLVD., SUITE 2M-3  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

175 FONTAINBLEAU BLVD., SUITE 2M-3  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 20-3233160      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, ABDIEL O  
175 FONTAINBLEAU BLVD., SUITE 2M-3  
MIAMI, 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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: GONZALEZ, ABDIEL O  
Address: 175 FONTAINBLEAU BLVD., SUITE 2M-3  
City-St-Zip: MIAMI, FL 33172

Title: VP      (X) Delete  
Name: MARLENIS, FERNANDEZ  
Address: 175 FONTAINBLEAU BLVD, SUITE 2M-3  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: ABDIEL O GONZALEZ

PD

05/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date