2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000048301

FILED
Jan 22, 2009
Secretary of State

Entity Name: COMPLETE BIOMEDICAL SOLUTIONS CORP

Current Principal Place of Business:

12484 S.W. 220 ST
MIAMI, FL 33170

New Principal Place of Business:

Current Mailing Address:

12484 S.W. 220 ST
MIAMI, FL 33170

New Mailing Address:

FEI Number: 65-1306376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARIAS, JOSE
12484 S.W. 220 ST
MIAMI, FL 33170 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ARIAS, JOSE
Address: 12484 S.W. 220 ST
City-St-Zip: MIAMI, FL 33170

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D ( ) Change (X) Addition
Name: ARIAS, JOSE
Address: 12484 SW 220 ST
City-St-Zip: MIAMI, FL 33170

Title: D ( ) Change (X) Addition
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City-St-Zip: MIAMI, FL 33170

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: JOSE ARIAS D 01/22/2009
Electronic Signature of Signing Officer or Director Date