

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029725

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** MAIYAMI MEDICAL SERVICES CORP

**Current Principal Place of Business:**

458 NW 69 PL  
HIALEAH, FL 33014

**New Principal Place of Business:**

458 W 69 PL  
HIALEAH, FL 33014

**Current Mailing Address:**

458 NW 69 PL  
HIALEAH, FL 33014

**New Mailing Address:**

458 W 69 PL  
HIALEAH, FL 33014

**FEI Number:** 26-2218353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VEIGA, ROSA M  
458 NW 69 PL  
HIALEAH, FL 33014 US

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

VEIGA, ROSA M  
458 W 69 PL  
HIALEAH, FL 33014 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:** FIDEL DE JESUS VEIGA

03/09/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** VEIGA, FIDEL DE JESUS  
**Address:** 458 W 69 PL  
**City-St-Zip:** HIALEAH, FL 33014

**Title:** V  
**Name:** VEIGA, ROSA M  
**Address:** 458 W 69 PL  
**City-St-Zip:** HIALEAH, FL 33014

I hereby 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 all other like empowered.

**SIGNATURE:** FIDEL DE JESUS VEIGA

P

03/09/2011

Electronic Signature of Signing Officer or Director

Date