2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000035507

Entity Name: SURGICAL MEDICAL EXPORT CORP

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

515 SW 12 AVE SUITE 511 515 SW 12 AVE MIAMI, FL 33130 SUITE 511

MIAMI, FL 33130

Current Mailing Address: New Mailing Address:

515 SW 12 AVE SUITE 511 515 SW 12 AVE MIAMI, FL 33130 5UITE 511 MIAMI, FL 33130

FEI Number: 26-2371599 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

 NERET, MAURICIO
 NERET, MAURICIO A

 515 SW 12 AVE SUITE 511
 515 SW 12 AVE SUITE 511

 MIAMI, FL 33130
 US

 NERET, MAURICIO A
 515 SW 12 AVE SUITE 511

 MIAMI, FL 33130
 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: MAURICIO A NERET 01/26/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 NERET, MAURICIO
 Name:
 NERET, MAURICIO A

 Address:
 515 SW 12 AVE SUITE 511
 Address:
 515 SW 12 AVE SUITE 511

 City-St-Zip:
 MIAMI, FL 33130
 City-St-Zip:
 MIAMI, FL 33130

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: MAURICIO A NERET D 01/26/2009