

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000057812

Entity Name: NITRILE MEDICAL INC.

FILED  
Apr 20, 2011  
Secretary of State

**Current Principal Place of Business:**

6243 SW 158 AVENUE  
MIAMI, FL 33193

**New Principal Place of Business:**

6625 SW 97 AVENUE  
MIAMI, FL 33173

**Current Mailing Address:**

6243 SW 158 AVENUE  
MIAMI, FL 33193

**New Mailing Address:**

6625 SW 97 AVE  
MIAMI, FL 33173

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

LUEJEZ, IVAN A  
6243 SW 158 AVENEUE  
MIAMI, FL 33193 US

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

LUEJEZ, IVAN A  
6625 SW 97 AVE  
MIAMI, FL 33173 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: IVAN A LUEJEZ

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LUEJEZ, IVAN A  
Address: 6625 SW 97 AVE  
City-St-Zip: MIAMI, FL 33173 US

Title: CEO  
Name: LUEJEZ, IVAN A  
Address: 6625 SW 97 AVE  
City-St-Zip: MIAMI, FL 33173

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: IVAN A LUEJEZ

CEO

04/20/2011

Electronic Signature of Signing Officer or Director

Date