

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000043086

FILED
Apr 19, 2005
Secretary of State

Entity Name: PROTECS MEDICAL CORPORATION

Current Principal Place of Business:

8780 SW 92ND STREET
SUITE 208-B
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

8780 SW 92ND STREET
SUITE 208-B
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 65-0420167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA FUENTE, RICARDO L.
8780 SW 92ND ST, STE 208-B
MIAMI, FL 33176 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: CPD () Delete
Name: DE LA FUENTE, RICARDO L
Address: 2415 GRANADA BLVD.
City-St-Zip: CORAL GABLES, FL 331345555

Title: VTD () Delete
Name: GONZALEZ, RICARDO C
Address: 8852 S.W. 59 STREET
City-St-Zip: MIAMI, FL 33173

Title: SD () Delete
Name: DE LA FUENTE, FRANCISCO
Address: 2415 GRANADA BLVD
City-St-Zip: CORAL GABLES, FL 331345555

Title: D () Delete
Name: LOPEZ, CAMILO II
Address: 1790 SW 1ST AVENUE
City-St-Zip: MIAMI, FL 331291130

Title: D () Delete
Name: MAZER, ROBERT
Address: 9321 SW 102ND ST
City-St-Zip: MIAMI, FL 33116

Title: D () Delete
Name: HOWELL, SCOTT
Address: 10421 NW 49 PL
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: RICARDO DE LA FUENTE

CPD

04/19/2005

Electronic Signature of Signing Officer or Director

Date