2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# P94000056721

Entity Name: MIAMI INSTITUTE OF MEDICAL TECHNOLOGY, INC.

Current Principal Place of Business:

7483 SW 24TH STREET
SUITE # 211
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

7483 SW 24TH STREET
SUITE # 211
MIAMI, FL 33155 US

New Mailing Address:

FEI Number: 65-0520982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

URRA, RENE R
7483 SW 24TH STREET
SUITE # 211
MIAMI, FL 33155 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: PD ( ) Delete
Name: URRA, RENE R
Address: 7483 SW 24TH STREET SUITE # 211
City-St-Zip: MIAMI, FL 33155

Title: VPD ( ) Delete
Name: URRA, MYRIANNA
Address: 8201 N.W. 8 STREET
City-St-Zip: MIAMI, FL 33144

Title: S ( ) Delete
Name: URRA, RENE L
Address: 8201 N.W. 8 STREET
City-St-Zip: MIAMI, FL 33144

Title: ADM ( ) Delete
Name: FRANCESE, ADRIANA
Address: 5700 COLLINS AVE # 7B
City-St-Zip: MIAMI, FL 33140

Title: CS (X) Delete
Name: HRA, JACQUELINE
Address: 7483 SW 24TH STREET # 211
City-St-Zip: MIAMI, FL 33155

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: CS (X) Change ( ) Addition
Name: URRA, JACQUELINE M
Address: 11741 SW 17 CT
City-St-Zip: MIRAMAR, FL 33025

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: RENE R URRA PD 04/12/2005

Electronic Signature of Signing Officer or Director Date