

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000036088

FILED
Jan 20, 2007
Secretary of State

Entity Name: ASM MEDICAL ENTERPRISES, INC.

Current Principal Place of Business:

6011 RODMAN STREET
SUITE 206
HOLLYWOOD, FL 33023 US

Current Mailing Address:

6011 RODMAN STREET
SUITE 206
HOLLYWOOD, FL 33023 US

FEI Number: 20-8269505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUAREZ, CARMEN
9825 COSTA DEL SOL BLVD
MIAMI, FL 33178 US

New Principal Place of Business:

6595 NW 36 STREET
SUITE 306-A
MIAMI, FL 33166 US

New Mailing Address:

6595 NW 36 STREET
SUITE 306-A
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

ROJAS, JORGE H
6595 NW 36 STREET
306A
MIAMI, FL 33166 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: JORGE H ROJAS

01/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTS () Delete
Name: SUAREZ, HECTOR
Address: 6011 RODMAN STREET,#206
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS (X) Change () Addition
Name: ROJAS, JORGE H
Address: 6595 NW 36 STREET SUITE 306A
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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: JORGE H ROJAS

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01/20/2007

Electronic Signature of Signing Officer or Director

Date