

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000078993
 1. Entity Name
 HEALTHCARE PRODUCTS EXPORT & SERVICES, INC.



Principal Place of Business: 431 CHESTNUT LANE, FT. LAUDERDALE, FL 33326
 Mailing Address: 431 CHESTNUT LANE, FT. LAUDERDALE, FL 33326



01252005 No Chg-P CR2E034 (10/03)

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4. FEI Number: 65-0701963
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PADILLA, HECTOR
 431 CHESTNUT LANE
 FT. LAUDERDALE, FL 33326

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	WYATT, JACK
STREET ADDRESS	3937 MT CARMEL LANE
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	PD
NAME	PADILLA, MARY A
STREET ADDRESS	431 CHESTNUT LANE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hector Padilla 2/28/05 954-349-8335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #