


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000078993 1. Entity Name HEALTHCARE PRODUCTS EXPORT & SERVICES, INC.	
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Principal Place of Business 431 CHESTNUT LANE FT. LAUDERDALE, FL 33326	Mailing Address 431 CHESTNUT LANE FT. LAUDERDALE, FL 33326
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DO NOT WRITE IN THIS SPACE


01312008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0701963	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PADILLA, HECTOR
431 CHESTNUT LANE
FT. LAUDERDALE, FL 33326**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000877817 04/14/08-80029-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WYATT, JACK 3937 MT CARMEL LANE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PADILLA, MARY A 431 CHESTNUT LANE FT. LAUDERDALE, FL 33326
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **3/31/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #