

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000054386

Entity Name: HAND INNOVATIONS, INC.

FILED  
Apr 29, 2004  
Secretary of State

## Current Principal Place of Business:

8905 SW 87TH AVE, STE 100  
MIAMI, FL 33176

## New Principal Place of Business:

8905 SW 87TH AVE, STE 220  
MIAMI, FL 33176

## Current Mailing Address:

8905 SW 87TH AVE, STE 100  
MIAMI, FL 33176

## New Mailing Address:

8905 SW 87TH AVE, STE 220  
MIAMI, FL 33176

FEI Number: 65-0843825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ORBAY, JORGE L M.D.  
8905 SW 87TH AVE, STE 100  
MIAMI, FL 33176

## 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: P ( ) Delete  
Name: ORBAY, JORGE L M.D.  
Address: 8905 SW 87TH AVE, STE 100  
City-St-Zip: MIAMI, FL 33176

Title: VT ( ) Delete  
Name: HERNANDEZ, ERNESTO  
Address: 8905 SW 87TH AVE, STE 100  
City-St-Zip: MIAMI, FL 33176

Title: VS ( ) Delete  
Name: CASTANEDA, JAVIER E  
Address: 8905 SW 87TH AVE, STE 100  
City-St-Zip: MIAMI, FL 33176

## 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:

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: JORGE L. ORBAY, M.D.

PRES

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date