2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2005
Secretary of State

DOCUMENT# P98000074406

Entity Name: L & L MEDICAL SERVICES, CORP.

Current Principal Place of Business:

351 NW LEJEUNE RD
STE 103
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

PO BOX 557634
MIAMI, FL 33255 US

New Mailing Address:

FEI Number: 65-0862506 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEON, GUSTAVO
7481 SW 56 ST
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: D ( ) Delete
Name: LEON, GUSTAVO
Address: 7481 SW 56 ST
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete
Name: RABASSA, MONICA
Address: 7481 SW 56 ST
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:

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: MONICA RABASSA D 07/03/2005

Electronic Signature of Signing Officer or Director Date