

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000016478

FILED
Apr 30, 2008
Secretary of State

Entity Name: SYMPHONY MEDICAL PRODUCTS, INC.

Current Principal Place of Business:

6320 NW 84 AVENUE
MIAMI, FL 33166

New Principal Place of Business:

13980 NW 58TH COURT
MIAMI LAKES, FL 33014

Current Mailing Address:

6320 NW 84 AVENUE
MIAMI, FL 33166

New Mailing Address:

13980 NW 58TH COURT
MIAMI LAKES, FL 33014

FEI Number: 65-0898159

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, ANDRES
6320 NW 84 AVENUE
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

RAMOS, ANDRES
13980 NW 58TH COURT
MIAMI LAKES, FL 33014 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:

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: O () Delete
Name: RAMOS, ANDRES
Address: 6320 NW 84 AVENUE
City-St-Zip: MIAMI, FL 33166

Title: O () Delete
Name: CALLAHAN, TIMOTHY
Address: 6320 NW 84 AVENUE
City-St-Zip: MIAMI, FL 33166

Title: O () Delete
Name: BELLAVANCE, MICHEL
Address: 6320 NW 84 AVENUE
City-St-Zip: MIAMI, FL 33166

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: RAMOS, ANDRES
Address: 13980 NW 58TH COURT
City-St-Zip: MIAMI LAKES, FL 33014

Title: SVP (X) Change () Addition
Name: CALLAHAN, TIMOTHY
Address: 13980 NW 58TH COURT
City-St-Zip: MIAMI LAKES, FL 33014

Title: SVP (X) Change () Addition
Name: BELLAVANCE, MICHAEL
Address: 13980 NW 58TH COURT
City-St-Zip: MIAMI LAKES, FL 33014

Title: CFO () Change (X) Addition
Name: CHELLEW, TONY
Address: 13980 NW 58TH COURT
City-St-Zip: MIAMI LAKES, FL 33014

Title: NA () Change (X) Addition
Name: NA, NA
Address: NA
City-St-Zip: NA, NA NA

Title: NA () Change (X) Addition
Name: NA, NA
Address: NA
City-St-Zip: NA, NA NA

I hereby certify that the information supplied with this filing does not qualify 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: TONY CHELLEW

CFO

04/30/2008

Electronic Signature of Signing Officer or Director

Date