2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# P99000036911

Entity Name: SURGIKON PHARMA CORPORATION

Current Principal Place of Business:

4850 NW 79 AV STE #4
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

P O BOX 668016
MIAMI, FL 33166

New Mailing Address:

4650 NW 79AV
2H
MIAMI, FL 33166 US

FEI Number: 65-0922273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIVAS, MAGALY E
10885 NW 50 ST
STE 102
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

RIVAS, MAGALY E
4650 NW 79AV
STE 2H
MIAMI, FL 33166 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: MAGALY E. RIVAS 04/19/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: RIVAS, MAGALY E
Address: 4805 NW 79 AV STE
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change ( ) Addition
Name: RIVAS, MAGALY E
Address: 4650 NW 79 AV STE 2H
City-St-Zip: MIAMI, FL 33166

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: MAGALY E. RIVAS SR. 04/19/2004
Electronic Signature of Signing Officer or Director Date