2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 10, 2004 8:00 am
Secretary of State
03-10-2004 90020 023 ***158.75

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03042004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000039268

1. Entity Name
MEDTEK RESOURCE, INC.

Principal Place of Business	Mailing Address
7359 CYPRESS DR. MARGATE, FL 33063	7359 CYPRESS DR. MARGATE, FL 33063

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0921947 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON-TORRES, BELKYS
7359 CYPRESS DR
MARGATE, FL 33063

7. Name and Address of New Registered Agent

Name: LUIS I TORRES
Street Address (P.O. Box Number is Not Acceptable): 1515 UNIVERSITY DRIVE SUITE 103-B
City: CORAL SPRINGS FL Zip Code: 33071

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 [signature] PRES. DR. DATE 3-4-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☒ Delete	TITLE	PRES, DR.	☑ Change ☐ Addition
NAME	WILSON-TORRES, BELKYS		NAME	LUIS I, TORRES	
STREET ADDRESS	7359 CYPRESS DR.		STREET ADDRESS	1515 UNIVERSITY DRIVE	
CITY-ST-ZIP	MARGATE, FL 33063		CITY-ST-ZIP	CORAL SPRINGS FL, 33071	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] LUIS I TORRES 3-4-2004 (954)755-1395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #