2008 FOR PROFIT CORPORATION

Mar 31, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P99000090468** 1. Entity Name MAJOR MEDICAL INDUSTRIES, INC. Principal Place of Business Mailing Address 19138 N.W. 23RD CT. 19138 N.W. 23RD CT. PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029 03272008 No Cha-P CR2E034 (11/05) Applied For 4. FEI Number 65-0955343 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required B. Name and Address of Current Registered Agent DO NOT WRITE MUNOZ, JORGE R 19138 N.W. 23RD CT. PEMBROKE PINES, FL 33029 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) μησημοροσίου 04/10/08-80094-015 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME MUNOZ, JORGE R STREET ADDRESS 19138 N.W. 23RD CT. CITY-ST-ZIP PEMBROKE PINES, FL 33029 TITLE VSD NAME MUNOZ, VIOLA A STREET ADDRESS 19138 N.W. 23RD CT. CITY-ST-ZIP PEMBROKE PINES, FL 33029 TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-71P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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. Planta Statutes; and that my name appears in Block 11 if changed, or on an attachnority with an address with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED