

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # S53909
1. Entity Name
REPEX MEDICAL PRODUCTS, INC.



Principal Place of Business
**5240 SW 64TH AVE
MIAMI FL 33155
US**

Mailing Address
**5240 SW 64TH AVE
MIAMI FL 33155
US**

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
**ARGIANAS, SUELY P.
5240 SW 64TH AVE
MIAMI FL 33155**

4. FEI Number **65-0262730** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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]* **SUELY P. ARGIANAS** 1/19/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ARGIANAS, SUELY P. 5240 SW 64TH AVE MIAMI FL 33155 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	000000199033 01/27/05-80076-007 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, without other like empowered.

SIGNATURE: *[Signature]* 1/19/2005 305-7400133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #