

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S83912

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** KIBA MEDICAL CORP.

**Current Principal Place of Business:**

7815 CORAL WAY  
STE #105  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

7815 CORAL WAY  
STE #105  
MIAMI, FL 33155 US

**New Mailing Address:**

**FEI Number:** 65-0287347      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VAZQUEZ, CARMEN  
7815 CORAL WAY, SUITE 5  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VAZQUEZ, CARMEN  
Address: 7815 CORAL WAY, SUITE 105  
City-St-Zip: MIAMI, FL 33155

I hereby 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 all other like empowered.

SIGNATURE: CARMEN VAZQUEZ

CEO

01/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date