

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V48471

FILED
Apr 30, 2008
Secretary of State

Entity Name: TECHNOMEDICAL INSTRUMENTATION, INC.

Current Principal Place of Business:

12840 NW 18TH CT
PEMBROKE PINES, FL 33028

New Principal Place of Business:

2422 NW 186TH AVE.
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

12840 NW 18TH CT
PEMBROKE PINES, FL 33028

New Mailing Address:

2422 NW 186TH AVE.
PEMBROKE PINES, FL 33029 US

FEI Number: 65-0344445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JOSE CPA
9710 STIRLING RD, SUITE #101
COOPER CITY, FL 33024 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: PD () Delete
Name: MENDEZ, JOHANNA
Address: 12840 NW 18TH CT
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MENDEZ, JOHANNA
Address: 2422 NW 186TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHANNA MENDEZ

PD

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date