2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# V48471

Entity Name: TECHNOMEDICAL INSTRUMENTATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2450 NW 186TH AVE.
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

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

New Mailing Address:

2450 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: RESTREPO, CARLOS SR
Address: 2422 NW 186TH AVE
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RESTREPO, CARLOS SR
Address: 2450 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: CARLOS RESTREPO PD 04/30/2009

Electronic Signature of Signing Officer or Director Date