

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124632

Entity Name: RAMON DIAZ BIOMEDICAL, INC.

Current Principal Place of Business:

2014 N.W. 4TH STREET
MIAMI, FL 33125

Current Mailing Address:

P.O BOX 350067
MIAMI, FL 33135-0067 US

FEI Number: 51-0521448

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIAZ, RAMON
2014 N.W. 4TH STREET
MIAMI, FL 33125 US

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

Officer/Director Detail :

Title PD
Name DIAZ, RAMON
Address 2014 N.W.4TH STREET
City-State-Zip: MIAMI FL 33125

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: RAMON DIAZ

MR

01/20/2014

Electronic Signature of Signing Officer/Director Detail

Date