


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90370 001 ***150.00

DOCUMENT # P0000077447

1. Entity Name
MEDFI INTERNATIONAL, INC.



Principal Place of Business: 7200 CORPORATE CENTER DRIVE, SUITE 610 MIAMI, FL 33126

Mailing Address: 7200 CORPORATE CENTER DRIVE, SUITE 610 MIAMI, FL 33126

2. Principal Place of Business: **15500 New Barn Rd**

3. Mailing Address: **15500 New Barn Rd.**

Suite, Apt. #, etc.: **Suite 200**

City & State: **Miami, FL**

Zip: **33014** Country: **US**



04152004 Chg-P CR2E034 (10/03)

4. FEI Number: **36-4331825**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

MATZNER, GARY C
7200 CORPORATE CENTER DR
MIAMI, FL 33126

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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	BRETZ, VIRGIL	
STREET ADDRESS	7200 CORPORATE CENTER DR # 610	
CITY-ST-ZIP	MIAMI, FL 33126	<i>new address</i>
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANGELONE, DAVID	
STREET ADDRESS	7200 CORPORATE CENTER DR #610	
CITY-ST-ZIP	MIAMI, FL 33126	<i>new address</i>
TITLE	SD	<input type="checkbox"/> Delete
NAME	MATZNER, GARY	
STREET ADDRESS	7200 CORPORATE CENTER DR #610	
CITY-ST-ZIP	MIAMI, FL 33126	<i>new address</i>
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *[Signature]* **BRETZ, VIRGIL** **04/15/04** **305-594-9291**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #