

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000033237

**FILED
Jul 01, 2004
Secretary of State**

Entity Name: MED TRADE, INC.

Current Principal Place of Business:

10301 SW 58 CT
PINECREST, FL 33156

New Principal Place of Business:

Current Mailing Address:

10301 SW 58 CT
PINECREST, FL 33156

New Mailing Address:

FEI Number: 65-1135754 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VERDEJA, MIKE
150 ALHAMBRA CIRCLE STE 800
CORAL GABLES, FL 33134

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PALOP, RAFAEL
Address: 10301 SW 58 CT
City-St-Zip: PINECREST, FL 33156

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MS () Change (X) Addition
Name: PALOP, CRISTINA
Address: 10301 S.W. 58 CT
City-St-Zip: PINECERST, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RAFAEL PALOP

D

07/01/2004

Electronic Signature of Signing Officer or Director

_____ Date