FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED 1&2

06 MAR 10 AM 10:57

TALLAHASSEE, FLORIDA

DOCUMENT # P02000042619

1. Entity Name
ALIMED, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 04-06

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2857 SW 132 PL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State
Zip: 33175 Country: Miami-Dade	Zip Country

4. FEI Number: 03-0429374 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Corzo, Janio

Street Address (P.O. Box Number is Not Acceptable): 2857 SW 132 PL.

City: MIAMI FL Zip Code: 33175

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Corzo, Janio
STREET ADDRESS	2857 SW 132 PL
CITY-ST-ZIP	Miami, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800068111058
03/20/06--01025--027 **450.00

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Janio Corzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004-2006 or any other notice from the Division of Corporations in respect with the Corporation **ALIMED, INC.**

Thank you for your courtesy in this matter.

JANIO CORZO
PRESIDENT