

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P020000 42619**

1. Entity Name

**ALIMED, INC.**



06 MAR 10 AM 10:57

STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2857 SW 132 PL**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**MIAMI FL**

City & State

Zip

Country

**33175**

**MIAMI DADE**

**REINSTATEMENT**

**04-06**

DO NOT WRITE IN THIS SPACE

4. FEE Number

**03-0429374**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**Corzo, Janio**

Street Address (P.O. Box Number is Not Accepted)

**2857 SW 132 PL.**

City

**MIAMI**

FL

Zip Code

**33175**

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IN THIS SPACE**

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 required)

(NOTE: Registered Agent signature required when reappointing)

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  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**P  
Corzo, Janio  
2857 SW 132 PL  
Miami, FL 33175**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

**800068111058  
03/26/06-01/25-027 \$2450.00**

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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 OFFICIAL OR SENDER)

Date:

Expiring Period:

CR2E034B (12/02)

03/01/2006 WED 14:30 FAX

001/002

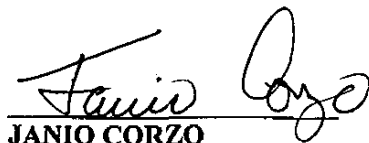
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Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

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**