

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 26 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000042619

1. Entity Name

Alimed, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9513 SW 140th Ct

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

03-0429374

Applied For

Not Applicable

Zip

33186

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Miguel Barragan

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

9513 SW 140th Ct

City

Miami

FL

Zip Code

33186

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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

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(If CTE, Registered Agent Signature required when registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$450.00

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- ST- ZIP

Miguel Barragan
9513 SW 140th Ct
Miami, FL 33186

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

300025527163
12/15/03--01014--003 **150.00

TITLE

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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 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 the authority of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

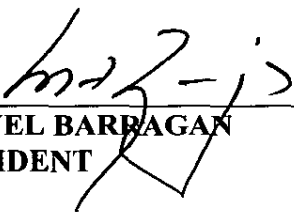
CR20034B (12/02)

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

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that we never received or any other notice from the Division of Corporations in respect with my Corporation **ALIMED, INC**

Thank you for your courtesy in this matter.



MIGUEL BARRAGAN
PRESIDENT