2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State
02-22-2005 90033 027 ***150.00

DOCUMENT # P04000015484

1. Entity Name
MEDIBEST TELEGROUP INSURANCE CORP.

Principal Place of Business
6691 COWPEN RD APT A111
MIAMI LAKES, FL 33014

Mailing Address
6691 COWPEN RD APT A111
MIAMI LAKES, FL 33014

50017824

01312005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 1302 W. 42 place 4
Suite, Apt. #, etc.
City & State: Hialeah, Fl
Zip: 33012 Country: U.S.A.

3. Mailing Address: same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 38-3696351 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ECHEZABAL, HECTOR M
6691 COWPEN RD APT A111
MIAMI LAKES, FL 33014

7. Name and Address of New Registered Agent
Name: Hector Echezabal
Street Address (P.O. Box Number is Not Acceptable): 1302 W. 42 Pl.
City: Hialeah **FL** Zip Code: 33012

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ECHEZABAL, HECTOR M 6691 COWPEN RD APT A111 MIAMI LAKES, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hector Echezabal 1302 W. 42 Pl. Hialeah, Fl 33012	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAVARRO, NATALI 6691 COWPEN RD APT A111 MIAMI LAKES, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Natali Navarro 1302 W. 42 Pl. Hialeah, Fl 33012	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

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