

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
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2. Principal Place of Business 1302 W. 42 place	3. Mailing Address same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Hialeah, FL	City & State
Zip 33012	Country U.S.A.

50017824



01312005 Chg-P CR2E034 (10/03)

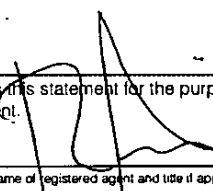
4. FEI Number 38-3696351	Applied For ☐
	Not Applicable ☐

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	
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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	Zip Code FL 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 _____

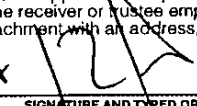
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
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	D NAVARRO, NATALI 6691 COWPEN RD APT A111 MIAMI LAKES, FL 33014 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	Natali Navarro 1302 W. 42 Pl. Hialeah, FL 33012 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** _____ **Date** _____ **Daytime Phone #** _____