

2005

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90062 040 ***550.00

DOCUMENT # S57979
1. Entity Name Chartmed International Co., Inc.

DO NOT WRITE IN THIS SPACE

50062711

2. Principal Place of Business 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101	3. Mailing Address 7300 N.W. 19th St. Suite, Apt. #, etc. Suite 101
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City & State Miami, FL	City & State Miami, FL	4. FEI Number 65-0266496	Applied For Not Applicable
Zip 33126-1222	Country USA	Zip 33126-1222	Country USA

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7. Name and Address of Current Registered Agent	
Name del Valle, Manuel R.	
Street Address (P.O. Box Number is Not Acceptable) 7300 N.W. 19th St.	
Suite 101	
City Miami	FL Zip Code 33126-1222

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

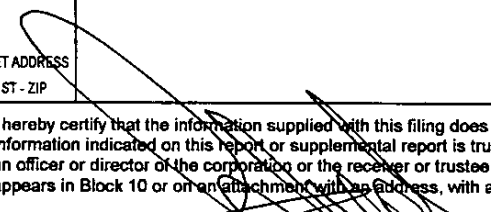
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE D/P/S/T	NAME Salcedo, Rodrigo	TITLE	NAME
STREET ADDRESS El Vergel 2850, Dpto. 206	CITY - ST - ZIP Santiago, Chile	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP

DO NOT WRITE IN THIS SPACE

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:  **Rodrigo Salcedo** **8-17-05** **305-477-6116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034B (12/02)