

2007

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 09, 2007 8:00 am  
Secretary of State

04-09-2007 90084 001 \*\*\*150.00

|                                                                         |
|-------------------------------------------------------------------------|
| DOCUMENT # S57979<br>1. Entity Name<br>Chartmed International Co., Inc. |
|-------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

40054600

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|                                                                                                                                            |                |                                                                                                                                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------|----------------|
| 2. Principal Place of Business<br>7300 N.W. 19th St.<br>Suite, Apt. #, etc.<br>Suite 101<br>City & State<br>Miami, FL<br>Zip<br>33126-1222 | Country<br>USA | 3. Mailing Address<br>7300 N.W. 19th St.<br>Suite, Apt. #, etc.<br>Suite 101<br>City & State<br>Miami, FL<br>Zip<br>33126-1222 | Country<br>USA |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------|----------------|

|                             |                                                        |
|-----------------------------|--------------------------------------------------------|
| 4. FEI Number<br>65-0266496 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                          |    |
|--------------------------------------------------------------------------|----|
| 7. Name and Address of Current Registered Agent                          |    |
| Name<br>del Valle, Manuel R.                                             |    |
| Street Address (P.O. Box Number is Not Acceptable)<br>7300 N.W. 19th St. |    |
| Suite 101                                                                |    |
| City<br>Miami                                                            | FL |
| Zip Code<br>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 \$550.00  
Amended UBR is \$81.25  
Make Check Payable to Florida Department of State

|                                                                                     |                                |
|-------------------------------------------------------------------------------------|--------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees |
|-------------------------------------------------------------------------------------|--------------------------------|

| 10. OFFICERS AND DIRECTORS                         |                                                                             |                                                    |                            |
|----------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------|----------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D/P/S/T<br>Salcedo, Rodrigo<br>El Vergel 2850, Dpto. 206<br>Santiago, Chile | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                            |

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 3/30/07 305-477-6116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)