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FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90215 018 ***150.00

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

DO NOT WRITE IN THIS SPACE

40048409

2. Principal Place of Business 7300 N.W. 19th St. Suite, Apt. #, etc.	3. Mailing Address 7300 N.W. 19th St. Suite, Apt. #, etc.
Suite 101 City & State	Suite 101 City & State

DO NOT WRITE IN THIS SPACE

Miami, FL Zip	USA Country	Miami, FL Zip	USA Country
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4. FEI Number 65-0266496	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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	Suite 101
City	Miami
State	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
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January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
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	TITLE	
NAME	Salcedo, Rodrigo	NAME	
STREET ADDRESS	El Vergel 2850, Dpto. 206	STREET ADDRESS	
CITY - ST - ZIP	Santiago, Chile	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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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	03/06/08	305-477-6116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)