

2009

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S57979

1. Entity Name

Chartmed International Co., Inc.

FILED

09 MAR 18 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7300 N.W. 19th St.

Suite, Apt. #, etc.

Suite 101

City & State

Miami, FL

3. Mailing Address

7300 N.W. 19th St.

Suite, Apt. #, etc.

Suite 101

City & State

Miami, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0266496

Applied For

Not Applicable

Zip Country
33126-1222 USA

Country

Zip Country
33126-1222 USA

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 \$550.00

Amended UBR is \$81.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D/P/S/T
NAME Salcedo, Rodrigo
STREET ADDRESS El Vergel 2850, Dpto. 206
CITY - ST - ZIP Santiago, Chile

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

600146067966
03/18/09--01003--032 **150.00

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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

3/04/09

305-477-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)