2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90267 024 ***150.00

DOCUMENT # V73078

1. Entity Name
MEDI-QUICK, INC.

Principal Place of Business	Mailing Address
C/O W A FIGUES CPA 2801 PONCE DE LEON #1170 MIAMI FL 33134 US	C/O W A FIGUES CPA 2801 PONCE DE LEON #1170 MIAMI FL 33134 US

2. Principal Place of Business	3. Mailing Address
c/o J. A. FIGUERAS	c/o J. A. FIGUERAS
Suite, Apt. #, etc.: 3790 SW 139 Ave	Suite, Apt. #, etc.: 3790 SW 139 Ave
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33175 / Country: USA	Zip: 33175 / Country: USA

MOORE CR2E034 (11/03)

4. FEI Number 65-0426455 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIGUERAS, VIVIAN T. 2801 PONCE DE LEON BLVD #1170 CORAL GABLES FL 33134	Name: FIGUERAS, VIVIAN T., ESQ. Street Address (P.O. Box Number is Not Acceptable): 11030 SW 88th ST., Suite 200 City: MIAMI, FL. FL Zip Code: 33176-1220

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: MAIZO, JUAN STREET ADDRESS: ~~2801 PONCE DE LEON # 11~~ CITY-ST-ZIP: ~~CORAL GABLES FL 33134~~	☐ Delete	TITLE: NAME: STREET ADDRESS: 11030 SW 88 St. #200 CITY-ST-ZIP: MIAMI, FL. 33176	☒ Change ☐ Addition
TITLE: VD NAME: MAIZO, JUAN JR. STREET ADDRESS: ~~156 ALMERIA SUITE 205~~ CITY-ST-ZIP: ~~CORAL GABLES FL 33134~~	☐ Delete	TITLE: NAME: STREET ADDRESS: 11030 SW 88 St #200 CITY-ST-ZIP: MIAMI, FL. 33176	☒ Change ☐ Addition
TITLE: SD NAME: MAIZO, AMADA STREET ADDRESS: ~~156 ALMERIA SUITE 205~~ CITY-ST-ZIP: ~~CORAL GABLES FL 33134~~	☐ Delete	TITLE: NAME: STREET ADDRESS: 11030 SW 88 St. #200 CITY-ST-ZIP: MIAMI, FL. 33176	☒ Change ☐ Addition
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	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: JUAN J. MAIZO S.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #