

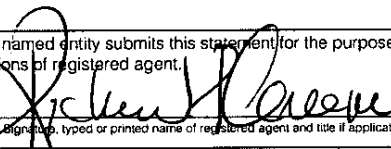
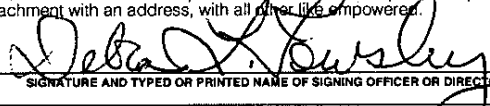


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90075 025 \*\*\*150.00

<b>DOCUMENT # P03000000129</b> 1. Entity Name <b>MEDIRECT LATINO INC.</b>					
Principal Place of Business <b>719 SE 12TH COURT, SUITE 200 FORT LAUDERDALE, FL 33316</b>			Mailing Address <b>719 SE 12TH COURT, SUITE 200 FORT LAUDERDALE, FL 33316</b>		
2. Principal Place of Business <b>1551 NW 65th Ave.</b>		3. Mailing Address <b>1551 NW 65th Ave.</b>		<b>20013926</b> 	
Suite, Apt. #, etc. <b>Suite 4</b>		Suite, Apt. #, etc. <b>Suite 4</b>		02162005    Chg-P    CR2E034 (10/03)	
City & State <b>Plantation, FL</b>		City & State <b>Plantation, FL</b>		4. FEI Number <b>20-1327083</b>	
Zip <b>33313</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARTINEZ, DAN 6711 SW 5TH TERR. MIAMI, FL 33144</b>		7. Name and Address of New Registered Agent Name <b>Richard P. Greene</b> Street Address (P.O. Box Number is Not Acceptable) <b>2455 East Sunrise Blvd., Suite 905</b> City <b>Ft. Lauderdale</b> <b>FL</b> Zip Code <b>33304</b>			
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:  (NOTE: Registered Agent signature required when reinstating)    DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, DANIEL L 6711 SW 5TH TERR. MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Towsley, Debra L. 1551 NW 65th Ave., Suite 4 Plantation, FL 33313		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, MARK A 6711 SW 5TH TERR. MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Talarico, Raymond 1551 NW 65th Ave., #4, Plantation, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Pita, Dr. Julio 1551 NW 65th Ave., #4, Plantation, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Johansen, Tomas 1551 NW 65th Ave., #4, Plantation, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Erban, Tomas 1551 NW 65th Ave. #4, Plantation, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hansen, Charles 1551 NW 65th Ave., #4, Plantation, FL		
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: 		02-17-05    954-321-3540 Date    Daytime Phone #			