2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000039561

FILED
Apr 30, 2005
Secretary of State

Entity Name: MEDIREGS CORP.

Current Principal Place of Business:

665 E 49TH STREET
HIALEAH, FL 33013

New Principal Place of Business:

Current Mailing Address:

665 E 49TH STREET
HIALEAH, FL 33013

New Mailing Address:

FEI Number: 65-1009991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONCEPCION, YOLANDA M ESQ
12550 BISCAYNE BLVD., SUITE 321
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: TORRES, PASTOR
Address: 665 E 49TH STREET
City-St-Zip: HIALEAH, FL 33013

Title: DP ( ) Delete
Name: DE SOTO, RICARDO
Address: 665 E 49TH STREET
City-St-Zip: HIALEAH, FL 33013

Title: S ( ) Delete
Name: GRUSZEZKA, YANET
Address: 665 E 49TH STREET
City-St-Zip: HIALEAH, FL 33013

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PASTOR M TORRES DPT 04/30/2005
Electronic Signature of Signing Officer or Director Date