

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000108012

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** INVERSIONES SYSMEDIC C A, INC.

**Current Principal Place of Business:**

16421 BLATT BOULEVARD  
204  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

16421 BLATT BOULEVARD  
204  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 45-4109358

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTES, MANUEL  
5000 NW 79TH AVENUE  
DORAL, FL 33166 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PEREZ MULKI, CARLOS A  
Address: 16421 BLATT BOULEVARD APT 204  
City-St-Zip: WESTON, FL 33326

Title: S  
Name: BRICENO RUPEREZ, KHALINA Y  
Address: 16421 BLATT BOULEVARD APT 204  
City-St-Zip: WESTON, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: CARLOS PEREZ

MGR

04/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date