
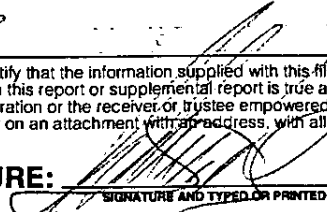


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90034 001 ***150.00

DOCUMENT # 420147					
1. Entity Name MED-AIR INTERNATIONAL SALES INC					
Principal Place of Business 2450 NW 110 AVE MIAMI, FL 33172		Mailing Address 2450 NW 110 AVE MIAMI, FL 33172			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1456675	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DUENAS, MARIO 7825 NW 53RD ST. MIAMI, FL 33166				Name Street Address (P.O. Box Number is Not Acceptable) 8300 SW 149 DRIVE City MIAMI FL Zip Code 33159	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	DUENAS, MARIO		<input type="checkbox"/> Delete	
NAME		8300 S.W. 149TH DR.		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		MIAMI, FL			
CITY-ST-ZIP					
TITLE	ST	DUENAS, CRISTINA		<input type="checkbox"/> Delete	
NAME		8300 S.W. 149TH DR.		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		MIAMI, FL			
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS					
CITY-ST-ZIP					
TITLE				<input type="checkbox"/> Delete	
NAME				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS					
CITY-ST-ZIP					
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: 				Date 1-12-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 305-572-8077 6236	