2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91031 010 ***158.75

DOCUMENT # 523114

1. Entity Name
MEDIPHARMA, INC.

Principal Place of Business	Mailing Address
2001 SW 27TH AVENUE MIAMI, FL 33145-2540	C/O IVAN A. GOMEZ, P.A. 601 BRICKELL KEY DRIVE, STE. 507 MIAMI, FL 33131

03222004 Chg-P CR2E034 (10/03)

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 59-1712735 ☐ 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
IAG CORPORATE SERVICES, INC. 601 BRICKELL KEY DR., STE. 507 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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	VTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SIBLESZ, GEORGE		NAME		
STREET ADDRESS	2001 SW 27TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331452540		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SIBLESZ, CARLOS M.		NAME		
STREET ADDRESS	2001 SW 27TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331452540		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SIBLESZ, MAGALI A.		NAME		
STREET ADDRESS	2001 SW 27TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331452540		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SIBLESZ, ANA M		NAME	SIBLESZ, ANA M.	
STREET ADDRESS	6053 SEACREST VIEW RD,		STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO, CA 92121		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SIBLESZ, MARILYN E		NAME		
STREET ADDRESS	2001 S.W. 27 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331452540		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Carlos M. Siblesz 4/23/04 3058587332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Carlos M. Siblesz, President (305)371-9213