2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003194

1. Entity Name
MEDICAL CHEMICAL CORPORATION

Principal Place of Business	Mailing Address
19430 VAN NESS AVE. TORRANCE, CA 90504	19430 VAN NESS AVE. TORRANCE, CA 90504

07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2916150
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office, 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's signature required when reinstating)

FILE NOW!!! FEE IS $350.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	DIDIER, EMMANUEL
STREET ADDRESS	19430 VAN NESS AVE.
CITY-ST-ZIP	TORRANCE, CA 90504
TITLE	VS
NAME	BRADEN, PATRICK
STREET ADDRESS	19430 VAN NESS AVE.
CITY-ST-ZIP	TORRANCE, CA 90504
TITLE	V
NAME	ROCHA, ANDREW
STREET ADDRESS	19430 VAN NESS AVE.
CITY-ST-ZIP	TORRANCE, CA 90504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000165966
07/13/04-80003-014 550.00

DO NOT WRITE IN THIS SPACE

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: Emmanuel DIDIER 7-1-04 (310) 787 6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #