2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 19, 2004
Secretary of State

DOCUMENT# F02000005209

Entity Name: MEDCO ENTERPRISES, INC.

Current Principal Place of Business:

129 HICKORY HILL ROAD
FISHERSVILLE, VA 22939

New Principal Place of Business:

Current Mailing Address:

19543 ESTUARY DRIVE
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 54-1575906 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSHAASHAEE, MEHDI
19543 ESTUARY DRIVE
BOCA RATON, FL 33498 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CPT ( ) Delete
Name: MOSHAASHAEE, MEDHI
Address: 129 HICKORY HILL ROAD
City-St-Zip: FISHERSVILLE, VA 22939

Title: VCVP ( ) Delete
Name: MOSHAASHAEE, LEANDRA C
Address: 129 HICKORY HILL ROAD
City-St-Zip: FISHERSVILLE, VA 22939

Title: S ( ) Delete
Name: MOSHAASHAEE, LEANDRA C
Address: 129 HICKORY HILL ROAD
City-St-Zip: FISHERSVILLE, VA 22939

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: MEHDI MOSHAASHAEE OWNE 10/19/2004

Electronic Signature of Signing Officer or Director Date