

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90276 012 \*\*\*158.75

**DOCUMENT # F11628**

1. Entity Name  
**MEDIPHARMA (DISC), INC.**



Principal Place of Business  
**2001 SW 27TH AVENUE  
MIAMI, FL 33145-2540**

Mailing Address  
**C/O IVAN A GOMEZ, P.A.  
601 BRICKELL KEY DR., #507  
MIAMI, FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-2178318**

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 SVCS., INC.  
601 BRICKELL DR.  
STE. 507  
MIAMI, FL 33131**

Name  
**IAG CORPORATE SERVICES, INC.**

Street Address (P.O. Box Number is Not Acceptable)  
**601 Brickell Key Drive**

Suite 507

City  
**Miami**

**FL**

Zip Code  
**33131**

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. **IAG CORPORATE SERVICES, INC.**

SIGNATURE **By: Ivan A. Gomez, President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
SIBLESZ, ANA M.  
6053 SEACREST VIEW RD  
SAN DIEGO, CA 92121** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SIBLESZ, CARLOS M.  
440 CALIGULA AVE.  
CORAL GABLES, FL 331462804** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
SIBLESZ, MAGALI A.  
440 CALIGULA AVE.  
CORAL GABLES, FL 331462804** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
SIBLESZ, GEORGE L.  
450 CALIGULA AVE.  
CORAL GABLES, FL 331462804** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
SIBLESZ, MARILYN E  
450 CALIGULA AVE.  
CORAL GABLES, FL 331462804** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/29/05 (305) 371-9213**